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ERRATA.

On 18th page, right hand column, fourth line, the word *lactal* should be *loebial*; in seventh line it should be *lactal*, and in twelfth line, *loebial*.

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ORIGINAL AND SELECTED ARTICLES.

DYSPEPSIA.

By FRED. KING, M.D., Ph.G., Atlanta, Ga.

Notwithstanding the fact that a great deal has been written on dyspepsia, I think many physicians are almost entirely ignorant of its causes, and the many pathological conditions that are to be observed in the various forms of the disease. This is owing to the fact that a majority of us do not regard indigestion of sufficient importance to be enumerated among the serious maladies with which we have to deal. When consulted by dyspeptics, we are too prone to regard them as hypochondriacs, and to dismiss them after having prescribed a few bitter tonics and given some directions as to their diet. By such hasty and unjustifiable proceedings, we do ourselves injury and our patients injustice. If any relief is afforded, it is only temporary, and patients finally seek the "quack" and "stomach bitter men," who are ever

ready to rob them of their last farthing.

Dyspepsia embraces all abnormal conditions of the digestive organs—stomach, liver, pancreas and small intestines; hence, the field is so broad that it is no easy task for us, when called upon to treat a patient suffering from indigestion, to reach a satisfactory diagnosis without thoroughly studying each individual case. We rarely meet with two consecutive cases in which the same symptoms are observable. This, of course, is owing to the fact that different organs connected with the functions of digestion are at fault. The symptoms in all cases are local; that is, they proceed directly from the stomach or small intestines—the first stages of digestion taking place in the former, the last in the latter. When the symptoms are traceable to the stomach, we may attribute them to deficiency in the quantity or quality of the gastric juice. It is impossible to enumerate, in a short paper like this, the many causes of this deficiency. We should always carry our in-

vestigations far enough to be able to locate, if possible, the exact seat of the trouble with which we have to deal, and then govern ourselves accordingly.

Under two main or principal heads may be classified all forms of dyspepsia: First, labored or difficult digestion; and second, symptoms of disturbed or imperfect digestion. A sense of discomfort is always the result of any kind of indigestion, while on the other hand, ease and comfort always follow the proper performance of this most important of all functions.

Dyspeptics are nearly always uneasy or miserable while the processes of digestion are going on; in many cases, amounting to the most extreme melancholy. These are oftentimes the only symptoms present. When such a state of things exist, we may at once conclude that we are to deal with labored or difficult digestion, resulting from a deficiency of some of the elements of the gastric juice, and must therefore prescribe such remedies as are calculated to make up for this deficiency. If the symptoms proceed from disturbed or imperfect digestion, they are traceable to a point lower down in the alimentary canal.

The most prominent symptoms of dyspepsia—such as regurgitations, cardialgia, catharsis tympanites, vomiting, etc., are so well known to us all that I deem anything like an extended reference to them superfluous. They all result from different causes—some originating in the stomach, while others come from a point below the pyloric orifice of that organ. A review of the many pathological changes that are to be observed in these abnormal conditions of the organs engaged in digestion, would be quite interesting, and indeed very conducive to a better understanding of the subject under consideration, did space permit. But I will hasten on to the consideration of those remedies which, in my opinion, are best fitted for the relief of *all forms* of dyspepsia.

In nearly all cases of indigestion, I am sure that the prime cause of the disorder may be found in the stomach or in the

pancreas, and I am satisfied that the latter organ is as often at fault as the former. The symptoms in a large proportion of the cases that have come under my observation, point strongly to the truthfulness of this proposition. I am decidedly inclined to the opinion that many cases of supposed "chronic diarrhoea" are nothing but indigestion dependent upon a want of proper emulsification. The fats and oily substances passing through the intestines without being emulsified, I think, act as a mechanical cathartic, just as melted lard when swallowed in very large quantities. A careful examination of the faeces in each individual case would throw additional light on the diagnosis in such cases. Now, as we know that a certain amount of organic matter (pepsin and pancreatine), lactic acid, chlorides of soda, potash, lime and ammonia, muriatic acid, etc., is indispensable in the process of digestion, assimilation and nutrition, it necessarily follows that impairment of these functions depends on a deficiency of some one or more of these elements. We should, therefore, prescribe such preparations as are calculated to restore these lost agents. In my experience nothing has given such *entire* satisfaction as *lactopeptine*, which is a combination of sugar of milk, pepsin, pancreatine, diastase, lactic and hydrochloric acids scientifically combined by experienced and competent chemists.* In this combination we have all the agents concerned in digestion from the time food is masticated until it is converted into chyle. My employment of the remedy in various forms of indigestion during the last year, was founded upon chemical observations in regard to the power of *lactopeptine* as a digestive agent. I found by actual experiment, its digestive power to be more than five times as great as any preparation of pepsin or pancreatine that I could obtain in our city. These experiments were made upon meats of various kinds, bread, fats, etc., or about what usually constitutes a meal for an ordinary adult. I tried its force on coagulated

* Reed & Carnrick, New York.

albumen as well as fats, and found its powers far superior to those of anything I had before experimented with. I made these experiments for the gratification of my own curiosity, regardless of the fact that the preparation had been highly praised and extensively prescribed by such men as Leaming, Loomis, Simms, Janeway and Tyndall, of New York, when it was first introduced.

One of the most important among the many advantages possessed by lactopeptine, over other medicines recommended for indigestion, is that it contains the natural acid secreted by the stomach, viz: lactic and hydrochloric, without which the character of coagulated albumen nor fatty substances, is not changed by pepsin or pancreatine. Pepsin will not emulsify, nor will pancreatine desolve coagulated albumen, but lactopeptine will do both.

And before reporting, or rather furnishing a synopsis of a few cases treated, where lactopeptine was prescribed, I will give my reason for diminishing the dose from time to time. I did so from the fact that a certain amount of the elements contained in the preparation was absorbed, and of course found their way through the medium of the circulation back to the stomach, pancreas, etc., and again aided in the work they were first intended to assist.

Case 1.—Ex-Governor C. consulted me sometime in September last, suffering from dyspepsia of long standing; symptoms pointing mainly to pyloric orifice of stomach, I gave him the following: R.—Lactopeptine, dr. iij.; vin. xerice, oz. iij. M—Sig. tablespoonful after each meal, gradually reducing it to a teaspoonful. At expiration of one month he expressed himself as being *entirely* relieved.

Case 2.—Mr. S. T. D., ice dealer, had been suffering from diarrhoea for more than four weeks. He applied to me in August. After a careful diagnosis I pronounced his trouble indigestion. The lactopeptine given the same way as case one, cured him in a week.

Case 3.—Mrs. P. H. T., aged 38, anemic, suffering from cordialgia, and also

vomiting, was pregnant six months. I gave her, R. eilx. lactopeptine with bark and iron, oz. vi. S. dessertspoonful after meals. She was entirely relieved after a fortnight.

Case 4.—A little daughter of Dr. W. C., dentist, had but little appetite, and spat up what food she attempted to eat. I prescribed, with the happiest results, R—Syr. Lactopeptine comp. oz. ij.; S—teaspoonful after each meal, gradually reduced to ten drops.

Case 5.—Dr. A., a professional friend, had suffered for more than two years from neuralgia, which he attributed to indigestion. Lactopeptine, prescribed in same form as case one, relieved him.

I find that different patients require different forms of the preparation. While adult males take the dry powder, liquid or wine, females and children must have the elixir or syrup. It can be obtained in combination with the leading ferruginous and bitter tonics, cod liver oil, bismuth, strychnine, lime, etc., meeting in such a variety of preparation all forms and complications of dyspepsia.

POISONING WITH TAINTED MEAT.

By L. B. ANDERSON, M.D., of Virginia.

On the 14th of December, 1877, I was called to see a gentleman many miles from my home. Arriving at the place in the afternoon, after a ride of twenty-five miles, and intending to visit other patients, I accepted an invitation to take a lunch of "hog's head and turnips." Though, at best, an unsavory dish to me, I determined to partake of a few morsels to allay hunger, and enable me the better to undergo the additional ride of some thirty miles that afternoon. The house was kept by two old widow women, one of whom was suffering greatly from cystitis and retention of urine. The room into which I was ushered to take my meal was cold, the "head and turnips" and bread were cold, and, I being cold, made haste to complete my dinner as soon as possible.

I took two small portions of meat and bread without detecting anything unusual. The third morsel, however, was peculiarly distasteful, and I then examined more carefully, and discovered that the portion I had eaten was semi-putrid. I took a large draught of water and left the room. I should have taken an emetic at once, but had no idea that so small a portion could exert any deleterious influence either on my stomach or constitution; and, besides, I had, at that moment, received an urgent call to hasten fifteen miles away, and my patient required the immediate use of the catheter. I, therefore, hastily drew off the retained urine, gave the necessary directions, and left.

In less than half an hour, a most distressing sensation was experienced in my stomach, which increased in intensity until I felt as though the inner coat was being corroded by some active caustic. This sensation was followed by a giddy, swimmy feeling in the head, which rendered it difficult for me to retain my seat in the sulky. Passing the house of a friend, after traveling about thirteen miles, I felt so feeble and exhausted that I procured and drank a glass of wine. This allayed the distressing symptoms for awhile. After leaving the bedside of my patient, all the symptoms returned with decided aggravation, and I, with great difficulty, made my way home at a late hour of the night. Having nothing in my stomach, I drank a glass of cold cream, and ate a few corn-meal batter-cakes. Thus filled, my stomach was very much relieved.

Being fatigued, I retired early, and soon fell asleep. My sleep, however, was dreamy and unrefreshing. Being in no way relieved, and having cases of great importance to attend to that day, I ate a breakfast similar to my supper. Again I felt relieved. About noon, however, the symptoms became very distressing, and I hastened homeward. When I entered my chamber, my stomach felt like it was being consumed by a pent-up fire, while my head was reeling and my mind greatly confused. I called for a pitcher

of warm water, and got into bed. As soon as the water came, I drank as much of it as I could possibly swallow. I soon commenced vomiting a most rancid and offensive fluid, some of which looked like pus. After free emesis, I was so much better that I went to see some diphtheritic patients four miles off. On my return, I felt as badly as at any previous time. I then took an active vegetable cathartic, which operated copiously before the next morning.

I experienced but little relief from these means, and I really could not spare the time to use other remedies. During that day, my whole system was in an agony—swimming of the head, burning at the precordia, a sense of sinking, attended with involuntary sighing, pains in the heart, constriction across the chest, a dreamy, weary state of mind, which was exceedingly exhausting and prostrating. Never before, in all the long catalogue of physical and mental sufferings I had undergone, had I experienced such indescribable symptoms. My mental seemed to have separated from my physical being, and was in a dreamy, obscure, restless, hazy state, without support, and struggling in vain for a moment's repose. The difficulty of inhalation rapidly increased, and I felt that life would be sustained but a short time.

I took a teaspoonful of citrate of potassium, and five grains of salicylic acid, in half a glass of water, and wrapped up in bed. My pulse was feeble and somewhat hurried; my heart was laboring, with occasional stitches of pain; my respiration was almost entirely a succession of sighs, while my feet and hands were cold, my flesh bathed in a cold perspiration, and slight rigors frequently agitating my muscles. So great was the oppression, and sense of sinking, that I took another glass of wine. In a short time after swallowing these agents, I began to eructate large volumes of gas, accompanied with a most gratifying sense of relief.

I continued to use the salicylic acid, occasionally, for several days, restricted my diet to the blandest articles, and was

compelled to abstain from the use of tobacco, which I found to produce a most uncomfortable sense of oppression and nervous prostration.

Ten days have elapsed since I ate the three small morsels of tainted meat, and though I am greatly improved, I still feel the unpleasant sensations above described, in my head, heart, lungs, and stomach, in a greatly modified degree.

The salicylic acid has always produced free eructations soon after taking it, affording marked relief, while nothing I have ever before used has aroused to such activity the urinary secretion. While one might infer from its taste that it is an active astringent, it has exerted no constipating effect upon my bowels whatever.

METRRHAGIA—HEMORRHAGE FROM THE WOMB.

By I. J. M. Goss, A.M., M.D.

This is a more or less profuse flow of blood from the uterus at any other time than that of the regular menstrual period. It may occur in the non-pregnant state as the result of fluxion to that organ, or in consequence of morbid growths in the womb, or it is frequently the result of "a change of life," as the women call it. It may occur also in pregnancy, and is then the forerunner of abortion. Hemorrhage during the second half of pregnancy is a sign of a placenta previa, frequently. It may occur after delivery, as the result of imperfect contraction of the uterus, or from large coagula within the uterus, where the contractions are imperfect. I have seen some cases from inflammatory irritation of the womb.

Treatment.—Many remedies have been used, but most of them have signally failed in some cases. Where the flow is continuous, and there is nausea, vomiting, prostration, fainting and palpitation of the heart, then apocynum cannabinum will often arrest the hemorrhage; it may be given in doses of 5 drops every two hours. If the hemorrhage occurs after labor, or after abortion, the oil of erige-

ron canadensis, in doses of 5 or 10 drops, will often arrest it in a few hours; very frequently, the first dose will arrest it. If the hemorrhage is passive from anæmia, then hamamelis, in doses of 1 to 3 drops every half hour, will generally arrest it. In cases of imperfect contraction, the tincture of nux vomica, 5 drops every four hours, will stay it.

MENORRHAGIA.—This is another menstrual anomaly, and nearly allied to the preceding one, but one that requires a distinct notice. It occurs at the time of the menstrual period. It may keep regular periods, or come too soon, or last too long; in some cases the flow is profuse and too early in its occurrence. Its causes are various, as structural changes in the uterus, morbid growths, strangulation of the blood in the uterine veins, depending upon lung and heart diseases, or upon excessive sexual excitations. It may be the result of a hemorrhagic diathesis, as in scurvy, purpura, etc. In this form of hemorrhage the blood may be either fluid or coagulated, and of various colors. Stout plethoric women may endure menorrhagia for a long time; weak, feeble women soon show signs of anæmia and great prostration, which will bring on dropsy unless the hemorrhage be checked. I have a case now under treatment that resulted in diabetes mellitus, from menorrhagia in a girl.

Treatment.—Where the flow is profuse and too early, with dark coagula, aching of the limbs, pain in the back, down the thighs, with pressing down, nervousness, headache; then cimicifuga will generally aid in checking the flow, and correcting the nervous peculiarities in the case; it should be given in 5 drop doses, three or four times a day. At the same time the oil of erigeron may be given in 5 drop doses every two hours. If there is labor-like pains, gelseminum may be given with good effect, in doses of 10 drops, every two hours, with trillium pend., in doses of 30 drops of the saturated tincture.

Prof. Meigs was accustomed to use a solution of alum in these cases, given internally, strongly flavored with nutmeg. Dose, 15 to 20 grains.—[ED. REC.]

A CASE OF ADDISON'S DISEASE.

In an article on this disease published in *The American Journal of the Medical Sciences*, for January, 1877, Dr. William Pepper states that only ten cases of Addison's disease are quoted from American sources in Greenhow's tables. I therefore desire to put on record the only case I have met with, although the notes are not so full as could be wished. The family attendant, an eclectic physician, now dead, kindly furnished me with an account of the symptoms noted before death.

On the 8th of August, 1869, I was asked to make an autopsy of Ida S., aged seventeen years, who died the day before. Her mother says that the patient's menses have been regular since she was thirteen years old. Her complexion began to grow dark a year before; others of the family think this date is placed too far back, but Mrs. S. insists that twelve months have passed since the change was noted. The girl's health began at that time to fail, but so insidiously that she was not considered ill till five months previously. Just before that time I saw her while attending her grandfather for a railroad accident which proved fatal, but only noticed that she was darker than the rest of the family, and was not asked for advice. Early in March, she showed a dark circle around the neck, which was supposed to be caused by some article of dress, and the discoloration began to be observed by others beside her mother. Along with this she began to be puffy under the eyelids in the morning, was easily fatigued and rendered breathless, had frequent nausea and vomiting, headache, backache, and "sideache." Her appetite became capricious, with craving for salt and acids; the bowels were generally constipated, with occasional diarrhœa, languor and sleepiness, and latterly hicough. She had been up and about the house during this illness, and only a week before her death she walked out. It was not till the 3d of August that this practitioner was called to see her; he was surprised by the discoloration of the skin,

which was of the hue of a mulatto over the whole body, deepening almost to black in the folds of joints. She had pain and great tenderness in the lumbar region, increased by pressure; the menses were present. The next day vomiting set in, and continued till 3 o'clock in the morning of the 6th, with relief to the pain in the back; an enema produced a copious natural discharge. The thirst was insatiable. No tenderness of the epigastrium was observed, but great distress and distention before a fit of vomiting, which relieved it. There was no headache, but slight delirium; no convulsions; the breathing occasionally stertorous. Twelve ounces of urine were passed, the constituents of which are not recorded. The region of the liver was flattened, not tender. Exhalations from the skin were foetid, a very bad odor being constantly in the room; there were no hemorrhages.

August 6th. The vomiting, stopping at three a. m., recommenced at five, with constant nausea.

August 7th, eight a. m. Nausea ceased during the night, and the patient said she felt better; tongue partly cleaned; skin mottled and streaked. Slight trismus was noticed while her mouth was washed with cold water; the conjunctivæ were congested; there was slight delirium. Died at 10 o'clock a. m.

Autopsy, August 8th, at 3:30 p. m., by Dr. Stedman. Color, that of a light mulatto, having cleared very much since death. Body slight, but not emaciated. Lips livid, as if she had been eating mulberries. Mammary development very large for a young American girl; areolæ almost black, and shining cracks in the skin of the breasts; nipples very small and undeveloped; otherwise the appearance of the breasts would have suggested pregnancy. Head not opened. Heart small and flabby, not fatty. Lungs crepitant throughout, but firmly glued to costal pleuræ and diaphragm by old adhesions. Stomach large, and its walls thin. The coats of the intestines thin; abdominal glands somewhat enlarged. Liver enlarged, flabby; the right lobe looking fatty, adherent by its lower surface, re-

quiring dissection to free it; in doing this an abscess was cut into on either side; these were seated in the supra-renal capsules, which adhered to the liver, were of firm texture, and the size of a man's thumb, holding a drachm of pus-like fluid, and the remaining substance looked like broken down caseous matter. The uterus slightly anteflexed and virginal. Other organs were examined and found normal. —*C. Ellery Stedman, in The Boston Medical and Surgical Journal.*

A CASE OF ARSENICAL POISONING TREATED WITH DIALYZED IRON.

BY THOMAS B. REED, M. D.

A case of arsenical poisoning occurred lately in my private practice, which seems to be valuable enough for publication, both on account of the completeness of the details and the intelligence and reliability of the patient, but especially as it is, so far as I am aware, the first case where the new remedy of "dialyzed iron" has been put to the test as an antidote.

As I was leaving my office one morning, a few weeks ago, a young lady patient, Miss S——, hastily entered, with a face indicative of intense pain and nervous disturbance, saying, "Doctor, I am poisoned." Her story was as follows: While attending to the wants of a valuable servant, who was sick and confined to her bed, Miss S. found, hidden away in the servant's trunk, a paper of arsenious acid, which had been procured by Mrs. S., some weeks before, for use as a poison for rats. As this servant had been in ill health for sometime, and morbid and melancholy, Miss S. at once very naturally, and no doubt very rightly, supposed that she had secreted the poison for the purpose of taking her own life. Quietly placing the packet of arsenic (which was open) in her pocket, she continued her duties, intending, at the earliest moment, to put it in a safe place. Days elapsed, the arsenic was forgotten, stored away in the pocket of her wrapper, until this unlucky morning, when,

putting a couple of handfuls of gum-drops and bon-bons into her arsenic pocket, she sat down to her sewing machine and her confectionery. She noticed, from time to time, as she sewed, more powder upon the drops than seemed usual, but she continued quietly to dust them off as she ate, and went on with her work. Can anything be more absurdly tragic than this unconscious suicide, deliberately eating gum-drops powdered with arsenic? Probably an hour and a half passed in this innocent amusement, when suddenly "becoming deathly sick, instantly followed by intense pain," as if, as she quaintly expressed it, "she had had a pure mustard plaster on the inside of her stomach," she was roused to the consciousness that some strange mischief was at work. Terrified on remembering the arsenic, she attempted, unsuccessfully, to relieve her stomach with warm water; then, unwilling to alarm her mother, who was also an invalid, she hastily threw on her street dress and hat, and hurried to my office, about two blocks away. Fortunately for both of us, I had upon my table a sample bottle of dialyzed iron (John Wyeth & Brother), and as soon as she told me she had taken arsenic, and before she began her story, I administered a half tablespoonful of the iron, well diluted in a tumbler of water. This gave her almost instant relief. I repeated the dose in ten minutes, and then gave her a bottle of the iron, directing her to take a similar dose every half hour, and, later, every hour during the day. I saw her at her home in a few hours after, but she had had no return of her pain, except some slight cramp in the lower bowel and limbs, and a dose of magnesia at night, with mucilaginous drinks, soft food, with occasional doses of the iron well diluted, kept up for a few days, completed her cure. At my request, the day after her attack, Miss S. put into my hands the pocket, cut from the wrapper, which she could not be persuaded to touch after her poisoning. This I transferred to a reliable analytical chemist, from whose report of his examination, now in my possession, I condense the following:

"In the pocket of a chintz dress, I found a small packet, labeled 'Arsenic—Poison,' and in this packet, a second envelope, open on its long and upper side, containing a white powder. Both outer and inner envelopes were worn, as letters carried in pockets are. Between the outer and inner envelopes was a white powder, and in the pocket itself, mixed with the powder, I found two sugar-crystallized, soft gum-drops, and one sugar-coated bon-bon, all three richly covered with the powder. The powder, which with a brush I took away from the gum-drops, and the dragee, weighed $3\frac{1}{2}$ grains, and the remaining powder, after separating the gum and sugar, weighed 2 1-16 grains. In the pocket, I found also $6\frac{1}{2}$ grains of the white powder. The powder obtained from the gum-drops and dragee gave all the tests arsenious acid gives."

What amount of arsenious acid my patient swallowed, it is, of course, impossible to say. It is certain that, from this open package of arsenic, a considerable quantity escaped into the pocket, and the gum-drops were mixed with it, as she states "that she had to dust the powder off upon her work as she ate," and the three remaining after show 2 1-16 grains of arsenious acid upon them on examination by the chemist. I have, perhaps, been unnecessarily full in the details of this case, but I think they have established several facts: 1. That my patient did swallow, in the space of an hour or more, numerous poisonous doses of arsenious acid in powder; 2. That I found her with most marked symptoms of arsenical poisoning; and, 3. That by the administration of moderate doses of dialyzed iron, well diluted, I was enabled to give her immediate and certain relief, and ultimate and entire restoration to health. I do not propose, in the limits of this paper, to discuss the exact chemistry of the dialyzed iron. It is, I believe—when properly prepared, as I have since investigated carefully the process of its formation—a solution of peroxide of iron in the colloid form, with, perhaps, a trace of hydrochloric acid; but that it will, when very largely diluted with water, perfectly

coagulate arsenious acid in solution, any one can satisfy himself in a five minutes' test. The only remaining point of interest, professionally, is, will it neutralize arsenious acid when taken in powder (bulk) into the stomach? It is held by most authorities, I believe, that when arsenious acid is taken in bulk into the stomach, the iron antidote is not reliable. (See Dunglison, R. J., latest paper on the subject, in his "Practitioner's Reference Book," page 229.) Yet, we know, from daily experience, that arsenious acid is absorbed by the stomach when taken in minute doses, and I think the evidence in this case shows that arsenic in powder did poison when presented to and acted upon by a comparatively empty stomach (at least three hours having elapsed since her breakfast), and that the solution of peroxide of iron (dialyzed iron) did prove a prompt and reliable antidote, coagulating and neutralizing the arsenic. Arsenious acid acts as it is dissolved, and the antidote, if supplied, combines, *pari passu*, with the solution formed by the liquids of the stomach, and renders it inert before damage is done to the mucous coat of the stomach, or it is absorbed into the system. Within twenty seconds after I learned that arsenic had been swallowed, I sent a full dose of the antidote after the poison, and with positive and immediate relief to the patient. My experience with dialyzed iron, as a pleasant and efficient means of introducing iron into the economy, is too limited for an opinion, but I feel disposed, from the history of this case, to strongly recommend it as a safe, reliable, and always-ready-at-a-moment's-notice remedy, and antidote for arsenical poisoning.

EPISTAXIS.

To stop bleeding from the nose, it is not always enough to blow styptic or astringent powders into the nostrils; and the injection of stronger agents, while it may stop the flow of blood, is often attended with very objectionable accidents. I believe that I once endangered the life of a patient by the injection of Monsel's

solution into his nostrils. Some of the solution flowed back into the larynx and trachea, and produced most painful symptoms at the moment and was followed by a degree of oedema of these parts which proved unpleasantly serious. The injection may have been done in a bungling manner, but even with skillful hands it is easy to see that such an accident might happen. Besides this the injection of this liquid is almost certain to give rise to quite profuse salivation, and if it pass into the stomach, to vomiting which is likely to undo all that has been done to arrest the bleeding. The last resort to which we flee when the simpler methods fail, that of sound and tampon, is certainly most efficient in stopping the hemorrhage, but is also a most troublesome operation if the patient should happen to be a peevish child. I have been told also that the presence of the tampons gives rise to peculiarly painful sensations.

In view of this heap of difficulties, I propose a simple method to which the foregoing objections can not be urged and which has proved, on three occasions, all that could be desired in checking the nose-bleed. I used the Monsel's Iron Solution, but applied it with feathers. The wing feather of a common fowl is most readily gotten. The barbed end, of course, is dipped into the solution and pushed rapidly back into the nostril, and turned once or twice in the fingers. In a few seconds the feather refuses to yield to pushing or pulling, showing that a firm clot has been formed. The projecting end is clipped so as not to inconvenience the patient, enough of it being left to be easily seized and removed when required. If one feather should fail to stop the blood, a second may be introduced in the same manner alongside of the first one. At the end of a certain time, the clots slough away from the nasal walls, and may be removed without trouble.

This is a very simple procedure, and I doubt whether it will fail when any other method would succeed.—*B. W. Barton, M.D., in Maryland Medical Journal.*

THE BATH OF DECREASING TEMPERATURE IN THE TREATMENT OF TYPHOID FEVER.

By M. H. GARTER, M. D., Dover, Ill.

I do not make any claims to original ideas in the treatment of typhoid fever, as set forth in this article, but merely wish to relate the history of a case which, to me, appears to be of unusual interest, and whose symptoms were mitigated under the influence of the bath of decreasing temperature.

Mrs. E. C—, aged twenty, in her first pregnancy, nursed her husband during an attack of typhoid fever. I was called to see her Sept. 2d, 1877. She stated that she had not been well for several days, that her flesh was sore, and that at times she was chilly and feverish.

I found her with a pulse of thirty beats, tongue slightly coated, pain in the head and back, slight abdominal tenderness, and the bowels loose. Having conducted her husband through his fever, I naturally suspected that this case was one of the same character, and gave tincture of gelseminum, sub-nitrate of bismuth and opium.

Sept. 4th.—The pulse was 123, the bowels moving less frequently, free epistaxis at times, and an annoying cough. No appetite. The bismuth and opium were continued, but instead of gelseminum, I gave dilute muriatic acid and tincture of digitalis.

Sept. 6th.—No marked change.

Sept. 7th.—Morning temperature in axilla, 103.3-5; pulse, 110. Evening temperature, 105; pulse, 118. Bowels loose. Free epistaxis during the day and cough; tongue dry and fissured; milk or beef tea at regular intervals unless the patient sleeps. The nurse is instructed to omit the medicine rather than the nourishment.

Sept. 8th.—Morning temperature, 102.4-5; pulse, 114. Evening temperature, 105; pulse, 120. The patient to be sponged freely with tepid water, morning and evening.

Sept. 9th.—Morning temperature, 103;

pulse, 118. Evening temperature, 104; pulse, 120. Slightly delirious, bowels loose, increased abdominal tenderness, tongue dry and sore, teeth heavily coated with sordes. A teaspoonful of alcohol in a wine-glass of sweetened water every two hours is added to the treatment.

Sept. 10th. — Morning temperature, 103; pulse, 120. Evening temperature, 106; pulse, 118. Rested poorly last night; more active; frequent change of position, or picking at the bedding; when interrogated, she answers correctly, yes or no; cough quite annoying, dry and harsh; voids feces and urine in bed; protrudes tongue with difficulty.

Sept. 11th. — Morning temperature, 104; pulse, 120, and tremulous; rested but little last night; bowels moving freely; much prostration.

Thus, from day to day, I saw my patient gradually losing her hold on life, until she was but the shadow of her former self. So far as I was able to form an opinion, the medication availed but little, and yet the exalted temperature, so rapidly doing the work of destruction, had to be reduced. The use of quinine, as an antipyretic in other cases, had disappointed me, and hence I determined to make trial of the bath, though as I had never before made use of it in the treatment of disease, it was not without some foreboding that the trial was now made. Ziemssen's method of treating typhoid fever was received by me as I fear country physicians receive too many good suggestions, as a probably efficient method in the hands of its author, or in the practice of a large hospital, but wholly inadequate to the purposes of a busy practitioner. At that time I never thought it possible for me to make it available, or dreamed of ever daring to employ it.

Having procured a rubber bath-tub, it was placed at the bedside, and partly filled with water, at a temperature of 94°, 10° less than that of the patient. She was placed in the tub with a sheet, folded two or three times, arranged so as to prevent the cold water coming in direct contact with her person. The tub was covered with a sheet, so that she was directly

incased, with the exception of her head. Upon the outer sheet the water, fresh from the well, was poured, and left to find its way into the tub. This was continued until she complained of being chilly, when she was removed to the bed and lightly covered, having remained in the bath twenty-five minutes. The temperature of the water was reduced from 94° to 70°.

I should mention the fact that at all times I was governed in the regulation of the temperature by the patient's sensation of cold, instead of by the instruction to reduce the temperature to 68°. Some of the baths given in this case were not reduced to a temperature below 78°, yet the wished-for results were obtained—namely, a decided reduction of temperature, and a complaint on the part of the patient that she was cold. After the bath, the patient's temperature registered 102 2-5°, instead of 104°; and she rested comfortably in bed, without becoming exhausted, as I had feared.

At evening, I found she had improved during the day; pulse, 112; temperature, 103—a decrease of 3° since last evening. Another bath was therefore given.

Sept. 12th. — Morning temperature, 101 3-5; pulse, 114. Evening temperature, 102 2-5; pulse, 120. Two baths given to-day. She is quite rational; tongue moist and cleaning; cough not so frequent; asks to use the bed-pan; does not object to taking nourishment.

Sept. 13th. — Morning temperature, 102 2-5; pulse, 112. Evening temperature, 103 1-5; pulse, 120. Is doing well. Two baths given in the day.

Sept. 14th. — Morning temperature, 100 3-5; pulse, 114. Is quite bright, and improving her time in removing the sordes from her teeth.

Dr. E. F. Ingals, assistant editor of this journal, saw Mrs. C— with me, last evening and this morning; also concurring in my diagnosis. As her temperature was so much lower than on the previous morning, no bath was given. At evening, however, I found the temperature to be 103 3-5, a little more than

on the previous evening; pulse, 120. Another bath was given to-night.

Sept. 15^h.—Morning temperature, 102 3-5; pulse, 114; the temperature was higher than on the previous morning. Evening temperature, 102 2-5; pulse, 106. Two baths given to-day. The patient is improving.

Sept. 16th.—Morning temperature, 99; pulse, 96. Evening temperature, 102; pulse, 106. She has a desire for nourishment, and prefers beef tea.

Sept. 21st.—From the 16th to the 21st instant, the temperature ranged between 99° morning, and 102 2-5° evening.

Sept. 22^d.—Morning temperature, 98½; pulse, 92; gave bath at 3 p. m. to-day. The temperature just before the bath was 100 3-5; just after, 99°. The temperature of the water (92°) was reduced to 75°; 7 p. m., temperature, 100; pulse, 96.

Since this date, the bath has been given before the hour for the rise of the temperature, and at no time has the temperature advanced above 99 3-5.

Sept. 25th.—Temperature, 98½; pulse, 82. Every symptom is propitious, and a rapid convalescence anticipated.

Sept. 27th.—I was summoned in haste at 2 a. m., and found labor had supervened. It slowly advanced until 8 a. m., when the foetal head having descended, I delivered her, with forceps, of a living, skeleton-like child, which appeared to be about eight months old. The mother passed through her labor far better than was expected, losing but very little light-colored blood.

Sept. 28th.—She rested well during the night, and requested me to state that she is convalescent, and is indebted for it to the bath.

Oct. 11th.—Rapid convalescence from both the febrile and the puerperal states.

After this experience, I feel convinced that merely placing a patient in water is not so much to be dreaded as, on first impression, one is induced to believe. While this mode of treatment requires more time than the visit and prescription of routine practice, it is safe, efficient and pleasant for the patient, wholly under the control of the physician, and easily com-

prehended by an intelligent nurse. Quinine, on the other hand, given in large doses in typhoid fever, is unreliable, dangerous, and capable of doing irreparable injury. The same may be said of all arterial sedatives. I am of the opinion that the treatment here recommended would be equally valuable in typho-pneumonia. In Mrs. C.'s case, the dry, hacking cough ceased to be annoying after I had resorted to bath treatment.

The details given above of the treatment of this case, are taken from notes carefully made by myself at the time of each visit, and I shall not regret their publication if they shall, in any degree, contribute toward relieving others of that timidity with which many are disposed to regard new methods of treatment—those especially which have come to us from abroad. I might add, that the case is published also with a view to inducing others to make a fair trial in typhoid fever of the bath of decreasing temperature.—*Med. Jour. and Examiner.*

BREECH PRESENTATIONS.

BY J. E. CLARK, M.D.

The relative proportion of breech presentations to presentations of other parts of the fœtus, varies considerably, as reported from different institutions.

Scanzoni gives the number from the lying-in asylums of Prague and Wurzburg as about one in fifty-six. Grenser, in the report of the lying-in institute of Dresden for six years, one in sixty-six, while Ramsbotham, Jr., from the Maternity of London, estimates them as about one in thirty-five.

I have been unable to find any reliable statistics as to the proportion of still-born children in these presentations, but it is known to be large.

The progress of labor is much slower, both in the first and second stage, when the breech presents than it is when head presents. From the nature of the presenting part dilatation is not so readily accomplished, and the parts do not adapt themselves so readily to the pelvic cavity.

The breech is more liable to be arrested in its descent than the head. The arrest of the breech, especially in a primipara, becomes the occasion of great and protracted suffering to the mother, and very probable death of the child, and a source of great anxiety to the physician. They are, in fact, formidable cases to treat, and the physician having seen one becomes very desirous to avoid another.

Inasmuch as we can never tell when we are going to have trouble in these cases, it is better to prevent the breech becoming arrested if possible.

The rule I have followed in my practice for many years now is, in all cases of breech presentations at full time, to bring down a foot. This allows complete control of the labor; we can hasten it as the exigencies of the case may require.

Dr. Robert Barnes, of London, adopted this mode of treatment in cases where the breech becomes arrested. Would it not be better to do the same thing earlier, and thus prevent hours and hours of intense agony to the mother and danger to the child?

I prefer to perform the operation before the first stage of labor is completed. It can be done then very easily, and without inflicting much suffering upon the mother. It is seldom necessary to give chloroform, though there is no objection to it if desired. After the foot is brought down the dilatation of the os uteri is more readily completed, and the duration of the labor much shorter.

There are some points as to the manner of performing the operation I would like to mention. The feet and legs occupy two different positions in these cases. In one, and the most common by far, the legs are flexed upon the thighs, which brings the feet very near the os uteri. In the other, the legs are extended, carrying the feet near the fundus of the uterus, by the side of the head. Of course, these last are the most difficult to manage, and rarely fail to give trouble if left to themselves. I have adopted the following rules:

1. In introducing the hand into the uterus, use great gentleness with firmness,

and always support the fundus with the unoccupied hand.

2. Introduce the hand, the palmar surface of which will pass readily along the posterior aspect of the thigh of fetus.

3. Choose the foot most anterior.

4. Never bring down but one foot—reasons obvious. It leaves protection for cord, and gives bulk for dilatation.

5. Do not hasten the passage of the hips through the pelvis. Secure all the dilatation possible.

6. Guide the rotation of the child in its descent, so that the abdomen is posterior in relation to the mother.

I have said nothing in regard to the diagnosis in these cases, because the points of diagnosis are well known, and so easily made out, that a mistake can only occur through great and inexcusable carelessness.—*Society County Kings.*

IRRIGATION OF THE LARGE INTESTINE.

By C. W. DULLES, M.D.

Some time since, in reporting a clinical lecture of Dr. Alois Monti, of Vienna (*Philadelphia Medical Times*, August 4, 1877, p. 517), I gave an account of the method of irrigating the large intestine, which he uses so successfully in treating inflammatory conditions of that part of the bowel.

About the time of this publication I met one day Dr. W. C. Barrett, who spoke to me of a severe case of infantile enteritis then under his care. The child was aged six months; had been very ill, vomiting and purging incessantly; had at that time a rapid, feeble pulse; was in a state of extreme depression, and he thought must die. He had employed the usual remedies—chalk, bismuth, opium, aromatic and astringent tinctures, with enemata of laudanum and acetate of lead; but all apparently in vain. Consequently he was quite ready, at my suggestion, to try the plan of irrigating the large intestine alluded to. This he carried out with a so-called fountain syringe, to the tube of which was attached a flex-

ible male catheter. This being introduced into the rectum, cool—not cold—water was allowed to flow from a height of about two feet until good distention was secured, when with scarcely any pressure the end of the catheter passed smoothly through and beyond the sigmoid flexure, going well up into the descending colon. The water was now allowed to flow steadily on until about a pint and a half had entered, and inspection and percussion showed a large portion of the colon to have been filled. All medicine was then stopped, except *mistura cretæ*, and for food milk was allowed, and the sucking of a piece of slightly-roasted beef.

The next day there was a marked improvement. "The method," says Dr. Barrett, worked like a charm." He now repeated the irrigation, using not quite so much water. The improvement continued, and convalescence was so rapid that he considered the child well in six days. The vomiting and purging were gone, it was able to suck and digest properly, and the only treatment used afterwards was a short tonic course to assist nature in repairing the inroads made by the disease upon the child's general condition.

The success achieved in this case seemed so plainly dependent upon the procedure described that it furnishes me a welcome opportunity to recommend it to others more explicitly than in the previous article. I have seen it used by Monti in a variety of disorders of the large intestine, as well as for the expulsion of worms and flatus, and always with good results.

In inflammatory conditions of the colon in children he has used solutions of nitrate of silver, such as have been recently recommended in the treatment of dysentery in adults by Prof. H. C. Wood, (see *Philadelphia Medical Times*, October 27, 1877) but decidedly prefers less powerful astringents when—which is very rarely—any are required. In such a case he is apt to select alum in a one or two per cent. solution, sometimes adding a few drops of laudanum. In general,

however, he confines himself to the use of simple water, beginning with a temperature barely cool and descending with the successive irrigations till it is about that of spring-water.

He never uses a predetermined quantity, but allows enough to flow in to fill the whole colon "*to the valvula coli*." In children not yet weaned he finds more than two pints may be used; older children require up to twice this quantity. The quantities used in Prof. Wood's cases of adults were very small compared to these.

It should be stated, in regard to the mode of effecting irrigation, that Monti strenuously opposes the use of a syringe of any kind. The intermittent and uncertain action of these provokes resistance on the part of the intestine, and he thinks may do harm. The securing of an even and easily-regulated hydrotatic pressure is an essential feature of his method. Still more essential is the distention of the rectum with fluid before attempting to pass the tube through the sigmoid flexure. This precaution secures the smoothing out of the folds of mucous membrane and straightens the curves of the flexure, thus rendering the passage of the tube perfectly safe and easy.

Whatever variety of opinion there may be in regard to the possibility of sending an injection beyond the sigmoid flexure, there can be none in regard to the feasibility of "irrigation" by any who have tried or seen it.

Finally, I may say that no special position of the patient is necessary, though it is well, if convenient, to have the pelvis a little elevated. The steps of the procedure are sufficiently indicated in the case given above.

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TANNIN AS A DEODORIZER OF IODOFORM.—Dr. J. R. Cole writes to *New Remedies*: "Having accidentally discovered that tannin will deodorize iodoform, I take pleasure in making known this fact to you, and through you to the profession. I use it in equal parts, as an application to chancroids, and to old, offensive ulcers.

ABSTRACTS AND GLEANINGS.

TREATMENT OF HYSTERIA.

John C. Peters, M.D., in a paper read before the Neurological Society, New York, remarks:

"Niemeyer says he accidentally hit upon a nerve of great efficacy in hysteria, and has made use of it with signal effect in many cases in which there were no indications for the local treatment of uterine disease, or where the hysteric symptoms persisted although the local uterine affection had been cured, viz: the *chloride of gold and sodium*. He has used it for several years and in a great number of cases, and was so encouraged by his success as to recommend it strongly to his pupils. It is well known to be a special re-agent upon the nerve tissues, much used in microscopical investigations. He prescribes five grains made into forty pills, with one drachm of gum tragacanth and a sufficient quantity of sugar; commencing with one pill after each meal, gradually increased, until eight are taken per day. But Dierbach, one of the best of the German writers on the *Materia Medica*, called attention to it over forty years ago. He describes it as exerting a most cheering influence upon the mind, and useful in many cases of debility, and even marasmus. It is said to excite the activities of the skin and kidneys, producing profuse and bad smelling perspiration, and discharges of urine, and an equally tonic and alterative effect upon the genital organs. As early as A. D., 980, Avicenna recommended it in various nervous affections, such as melancholy, hysteria, palpitations, asthmatic affections, etc. It was also used largely in the middle ages, by Raimond, Lull, Basil Valentine and Paracelsus; also by John Hartmann, the first professor of chemistry in Germany, Mynsicht and others. Finally, it was quacked with so much in the shape of so-called gold-pills, made of brick dust and madder, that its

use was abandoned by reputable physicians. But Dr. Vogt says, after it has been taken for six or twelve days, in small doses, it will improve the appetite and general appearance; also, arouse more strength and activity in all the functions, especially in the brain and nervous system, causing greater cheerfulness and endurance. He recommends it in melancholia and hysteria. I have used it for thirty-five years, and am much pleased with it. Hahnemann got all his indications for its use from the above authorities.

Cajeput oil is a highly diffusible stimulant and antispasmodic, largely used in hysteria, flatulent colic, nervous vomiting, nervous dysphagia and nervous headaches. It is often rubbed on the back stomach and head in these affections, as well as given internally, and with considerable success.

Cannabis indica is largely relied upon in hysteria when coupled with exhausting menorrhagia and complicated with neuralgic headache, chorea, etc. I use it very frequently, and can recommend it.

Chamomile oil is an antidote to strychnia; it lowers reflex excitability in a remarkable manner; even that artificially excited by strychnia and brucia cannot only be calmed in a marked degree by it, but an animal fortified by this oil is not capable, according to Binz and Grisar, of being tetanized by a dose of strychnia which throws an unprotected frog of similar size into the characteristic spasms. It has been used successfully in hysterical cough; in spasmodic and pseudo-neuralgic persons; in pseudo-angina pectoris, and the colicky pains to which such persons are subject, and in hysterical pains in the fifth nerve.

Cocculus indicus, according to Phillips, is the great rival of *nux vomica* in nervous vomitings, when attended with a dull and heavy pain in the head, and in-

tolerance of light and sound. Vomiting of this class are at times severe and persistent; at others there are alternations of constant nausea, with violent but ineffectual efforts to vomit. The stomach is often so exceedingly irritable that no description of food can be tolerated. Phillips says it seldom fails to give the relief so much desired, especially when the head is the part primarily affected, in patients who become nauseated from every disagreeable mental or moral emotion. It relieves the head first, and those of the stomach are soon after allayed. It also relieves the giddiness produced by derangement of the stomach; likewise the dyspepsia and constipation of nervous and hysterical subjects, especially when there is pain, nausea, giddiness and headache, with a feeling of hunger, attended with a repugnance to food, and when the colon is distended with a flatus, and the evacuations more or less hard and lumpy. Phillips says 'cocculus is often of singular efficacy in many of these cases. Also in tympanites, colic and other spasmodic affections of the stomach and bowels; in the nausea and colic of pregnancy; in dysmenorrhoea, and other painful affections of the uterus. It also rivals strychnia in the treatment of various forms of paralysis and paralytic stiffness of the limbs, with a loss of motor power in the legs, with giddiness and a feeling of lightness in the head. Phillips saw a patient recover in the course of a few weeks who had suffered for several months with loss of power in the legs—moving them with considerable difficulty, and who became giddy, nauseated and light-headed when he attempted to stand erect. He has seen well-marked cases of hysterical paralysis, hysterical hemiplegia, choreic hemiplegia and epileptic hemiplegia successfully treated with cocculus, when the sensibility and muscular power were both much impaired.

Reil used it in paralysis of the sphincters, while Tschudi and Gubler resorted to *picrotoxine*, the active principle, in paralysis of the limbs and sphincters. The dose of the latter is about one-eighth

to one-sixth of a grain. *Picrotoxine* acts on the motor centres, the vagus centres, and the centres for restraint of reflex movements; thus, convulsions can be excited by it in animals from which the brain has been removed. There is a general resemblance in its action to that of strychnine, for fish, under its influence, make twisting and boring movements; frogs get convulsions, or have semi-circular swimming movements winding up with spasms, or singular movements of the legs. Sometimes tonic and clonic spasms alternate in the most singular but definite way, with swimming backwards and forwards, rolling over on the axis of the body, etc., etc. I have used cocculus for over thirty years, and frequently depend upon it and *picrotoxine*.

Ignatia has four times as much strychnia as *nux vomica* in it, and is, of course, a more powerful remedy. It is useful in many cases of hysteria, hypochondriasis and various nervous affections. Phillips says its good effects are considerable in globus hystericus, paralysis of the oesophagus, nervous aphonia, intercostal neuralgia, clavus hystericus, nervous hicough, flatulent distention of the bowels, and especially in the convulsive bursts of crying and laughing and the general hyperæsthesia which attends hysteria. He claims to have rendered many hysterical cases much milder, and to have greatly prolonged the intervals between the attacks by the systematic use of two to five drops, or more, of the tincture several times a day. It is also claimed to rival gold in the treatment of melancholia, hypochondria, great mental depression, etc., and I can recommend it very highly.

Lavender oil is said to be more useful and agreeable in hysteria, nervous affections, headache, hypochondriasis, and flatulence than *assafoetida*.

Orange-peel oil was used by Imbert Gourbeyre for hysterical and other nervous affections, although he states that those who are exposed to its fumes long, are apt to be troubled with headache, dizziness, tinnitus, deafness, neuralgia, oppressed breathing, constriction of the

throat, nausea, pyrosis, bad dreams, cramps and twichings of the muscles, and occasional convulsions. It is probably more useful in paralytic than in spasmodic cases.

Sumbul is said by Phillips to be a remedy for neuralgia of a certain type of more value than any other known drug. He says it is surprising to note the rapidity with which severe facial, sciatic, or ovarian neuralgia will yield to a few doses of *sumbul*, after resisting very powerful remedies. I have used it for ten years, more in nervous debility and dyspepsia than in neuralgia. It is a most admirable tonic and calmative."—*Virginia Medical Monthly*.

AROMATIC SYRUP OF LIQUORICE.

The following is a recipe for an aromatic syrup of liquorice which possesses such excellent qualities of disguising the taste of sulph. quinia that I think it my duty to communicate the formula to my pharmaceutical brethren:

Take of Pulverized Ext. of Liquorice ... 4 ounces.
 Jamaica Ginger,
 Cinnamon Bark, each 2 ounces.
 Cloves, 1 ounce.
 Sugar, 60 troyounces.
 Water, a sufficient quantity.

Reduce the ginger, cinnamon and cloves to a coarse powder and boil in two pints of water over a slow fire for one hour. Then strain and dissolve in the liquid the pulverized extract of liquorice, with the aid of a gentle heat, stirring to assist the solution. When dissolved add the sugar, keeping up the heat till the latter is also dissolved. Then strain while hot and add hot water through the filter to make four pints of finished syrup.

The above syrup I find to disguise the taste of quinia better than syrup of liquorice root, the aromatic elixir of liquorice or the simple syrup of the extract of liquorice. It will completely cover the taste of 20 grains of quinia sulphate in one ounce of the syrup, and only a slightly bitter taste will be developed ten or fifteen minutes after taking, which, however, may be removed by taking a draught of black coffee with sugar.

This syrup has such a pleasant flavor,

and none of the often objectionable sweetness of liquorice, that our physicians who are using it say that they find no trouble at all now in giving quinia in solution to children or to their most delicate patients. —*A Writer in American Journal of Pharmacy*.

SANTONIN.

Dr. Gibney, in New York Medical Association, inquired whether any unpleasant symptoms followed the use of five-grain doses of santonin for a child three years of age. Within the past year his attention had been called to poisonous effects produced by the drug given in five-grain doses to young children, since which time he had been guarded in its administration.

Dr. Porter replied that his usual method of administering santonin was to regulate the size of the dose by the age of the child, the number of grains corresponding to the number of years. In one case reported the child was three years old, and he used five-grain doses because it was thought there were indications for an active vermifuge. The case was one of supposed tape-worm, and no unpleasant effects were produced. The change which occurred in the color of the urine was sometimes alarming to the mothers, they supposing that their children were passing bloody urine. He, therefore, took occasion to allay their fears by forewarning regarding the change in color that might be expected.

[We have seen very distressing symptoms from the use of worm candy containing santonin, the patient, a four year old child, having taken a number of the lozenges.—ED. REC.]

COMBINED USE OF CHLOROFORM AND MORPHIA.

Prof. Konig, in a communication to the *Obl. f. Chirurgie* (No. 39, 1877), says he has combined the hypodermic administration of morphia with that of chloroform in a large number of cases with very favorable results. It is seldom necessary to give more than one, or at most two centigrammes (1-6 to 1-3 gr.)

The indications for the use of morphia during chloroform-narcosis are twofold: 1. Motor disturbances occurring before or during chloroform-inhalation, unless these are very transitory. 2. Operations of such a nature that the chloroform-narcosis cannot be maintained throughout, and especially towards the end. Among the latter may be particularly mentioned operations upon the eye, plastic operations, extirpation of tumors from the soft parts of the face. The object of using morphia is to induce anæsthesia over and above the chloroform-narcosis, and also that this narcosis should not be pushed so far. As regards any danger which may be connected with the combination of narcotics, K. esteems this lightly. He says that out of some seven thousand cases in which he has used chloroform, none have died from it, and many of these took morphia also.—*Med. Times.*

CHLOROFORM HALLUCINATION AND ALLEGED RAPE.

A surgeon was recently indicted at the Northampton Assizes (England) for rape, while having a tooth extracted. The offence charged was alleged by the prosecution to have been committed while the prosecutrix was so far under the effect of chloroform or chloric ether as to be speechless and motionless, but not unconscious. The defense set up was that the prosecutrix was under the influence of chloroform to such an extent as to have caused her to imagine that to have been done which she described. For the defense, Dr. B. W. Richardson was called, and stated from the evidence in the present case he should say that the patient had reached the second stage. The usual symptoms accompanying that stage were loss of consciousness and, in the case of women, development of any hysterical tendencies, any operation being impossible at this stage, the patient resisting and screaming if touched. It was at this period that the patient was subject to illusions. A person who was deprived of the power of motion by chloroform would, in his judgment, be deprived of the power of sight. He knew from his own per-

sonal experience that persons in the second stage were subject to delusions as to what had been done to them during the time. He gave an instance of a lady who, in the presence of himself, her father and mother, and a dentist's assistant, while under the influence of chloroform, brought a charge against the dentist who was operating upon her precisely similar to the one in the present case, and continued firm in the belief that the charge was well founded long after the influence of the chloroform had passed off, and probably still continued in that belief. The other medical witnesses who were called, and who expressed their concurrence in Dr. Richardson's evidence, were Mr. Mills, administrator of chloroform at St. Bartholomew's, Dr. Hawksley, Dr. Saundly, of Birmingham, and Mr. West, Senior Surgeon of Queen's College Hospital, Birmingham. It was stated that all the medical witnesses for the defense had come forward to give their evidence entirely gratuitously. The jury rendered a verdict of *Not Guilty*.

Moral—Medical gentlemen should never administer anæsthetics to a female unless in the presence of witnesses.—*New York Medical Record.*

THE EMPLOYMENT OF ANÆSTHETICS IN LABOR.

M. Piachaud read a paper before the International Medical Congress of Geneva, in which he advanced the following conclusions:

1. The employment of anæsthetics is, as a general rule, advisable in natural labor.

2. The principal substances which have been used for this purpose up to the present time are ether, chloroform, amylen, laudanum, morphia hypodermically, chloral by the mouth and by injection.

3. Of these chloroform seems to be preferable.

4. It should be administered according to the method of Shaw, that is, in small doses at the beginning of each pain, its administration being suspended during the interval.

5. It should never be pushed to com-

plete insensibility, but the patient should be held in a state of semi-anæsthesia, so as to produce a diminution of the suffering.

6. The general rule is never to administer chloroform except during the period of expulsion; but in certain cases of nervousness and extreme agitation it is advantageous not to wait for the complete dilatation of the os.

7. Experience has shown that anæsthetics do not arrest the contractions of the uterus or abdominal muscles, but that they weaken the natural resistance of the perineal muscles.

8. The use of anæsthetics has no unpleasant effect on the mind of the mother or upon the child.

9. In lessening the suffering, anæsthetics render a great service to those women who dread the pain; they diminish the chances of the nervous crises which are caused during labor by the excess of suffering; they make the recovery more rapid.

10. They are specially useful to calm the great agitation and cerebral excitement which labor often produces in very nervous women.

11. Their employment is indicated in natural cases until the pains are suspended or retarded by the suffering caused by maladies occurring previous to or during labor, and in those cases where irregular and partial contractions occasion internal and sometimes continuous pain, without causing progress of the labor.

12. In a natural labor, chloroform should never be used without the consent of the woman and her family.

M. Courty advocates the use of chloroform. He thinks it indicated when the pains are very great and irregular, or where the patient demands it.

M. Leblond prefers to use the hydrate of chloral.—*Gazette Medicale*, Oct. 20, 1877.

[We have used chloroform in all conditions of the parturient woman. In rigid os or perineum, in excessive nervousness or extreme sensibility to pain, it is wise to use it in the manner above described; but in favorable and uncom-

plicated cases, we now seldom use it, because it predisposes to hemorrhage immediately after delivery, while its secondary effects are restraining to the lachral discharge, tends to the accumulation of clots, and increased after-pains, and retards the lachral secretion. When given, it is well to give a dose of ergot immediately after delivery to guard against hemorrhage, and, after a few hours, moderate doses of gelsemium to encourage the lachral discharge.—W. ED.]

THE TREATMENT OF OZÆNA.

Dr. Rouge, in a paper read at the third meeting of Congress, arrived at the following conclusions:

1. Ozæna is the result of suppuration in the nasal fossæ or their annexes—viz., the frontal, maxillary, and sphenoidal sinuses, and the ethmoidal cells.

2. The suppuration appears to originate in all cases in disease of the nasal fossæ or their annexes.

3. The degree of fœtor of the air issuing from the nasal fossæ depends on the extent of the osseous lesions which have given rise to the ozæna.

4. The latter is also increased by the stagnation of pus in the sinuses.

5. Should the surgeon fail to trace the disease to some affection of the nasal cavity, he must seek for it in the sinuses and the ethmoidal cells.

6. The local treatment of ozæna comprises:

(a.) Frequent washing out of the nasal cavity by means of injections, which vary with the spinal indications of each case. (b.) The insufflation of disinfecting, caustic, or astringent powders. (c.) Cauterization of various kinds: the use of the galvano-cautery. (d.) In severe cases all sequestra must be removed, and the sinuses completely drained. The nose is detached by the sub-labial method; this enables us to explore the nasal fossæ directly, to remove all necrosed portions of bone, and to open the sinuses. The formation of a cicatrix is thus avoided.

7. It is unnecessary to speak of any general mode of treatment, as this must

be regulated according to the patient's constitution.

M. Verneuil said he had not applied the method of Dr. Rouge, but he would do so. He remembers that M. Trelat had some good results from it.

Dr. Ollier adopted this method in certain cases.

Dr. Rouge believed that ozæna is generally due to alteration of the sinuses, but more frequently to caries of the ethmoidal cells. Posterior rhinoscopy is so useful, because the mucous membrane is so swollen that we cannot conveniently discover the diseased parts.—*Med. Press and Circ.*, Oct. 10, 1877.

ULCERATION OF THE OS UTERI.

General Treatment.—We can not too forcibly inculcate the necessity of absolute rest in the horizontal position. By this means, congestion about the uterus is lessened, and the ulcerated surface prevented from impinging on any part. The diet should be liberal. The bowels should be kept well opened. All marital intercourse should be forbidden.

Medicine.—There being generally a state of anæmia to contend against, we would first recommend the vegetable tonics and cod liver oil, afterward the ferruginous preparations. Where any induration exists, iodide of potassium should be administered. It is essential to raise the tone of the body, as concurrently with its improvement, so the healing process will be expedited.

Topical Applications.—Much care is required in deciding whether to deplete or not, in choosing the form of caustic to be applied, and in prescribing an effectual injection. In all cases where the veins are prominent about the os, we would commence either by leeching or puncturing with the lancet. The latter we prefer. In cases of slight ulceration, touching the part with nitrate of silver or chromic acid, followed by a plug of cotton-wool steeped in glycerine, is generally effectual. Should the ulceration be obstinate, we would apply fuming nitric acid. The cotton-wool, saturated with glycerine, must be introduced daily.

Where the lips of the os are divided, it must be concluded that the inflammation has extended along the cervical canal. In these cases the external os should be well burned with the caustics named; if necessary, the actual cautery should be employed; but the cervical canal must not be molested. These failing, plugs of iodized cotton-wool should be applied daily.—*Phil. Med. and Surg. Reporter.*

PROTRACTED LABOR.

On this subject, E. Staunmore Bishop, in *London Med. Ec.*, remarks:

"I said that the child's head was the natural stimulus to the maternal vaginal fibres. As it descends it involves more and more peripheral ends of nerves in its pressure; reflex currents are excited, and the uterus contracts more and more strongly. Can we imitate this? I think we can. If you pass two fingers of the right hand into the vagina, and place the tips slightly divergent upon the posterior wall, wait for a pain, and, when it begins, slowly and with measured force make gradually descending pressure upon the rectum, passing downward over the perinæum, and so to the vulva. As the pain abates, gradually take off your pressure, and during the interval do not press at all. In this way you cheat the uterus, you cheat the patient into acting as though the child's head were lower than it really is. Members may smile, but I can assure them that over and over again, by adopting this expedient, I have found the nervous cry and the useless shrink of these nervous patients disappear, and, instead of drawing back and as of set purpose deliberately thwarting the natural efforts, the patient has settled down to her work and been saved from forceps. I firmly believe that in this way the forceps have often been rendered unnecessary, where but for this plan the patient would have exhausted herself, and the use of instruments would have been unavoidable."

SUBSTITUTES FOR QUINIA.

Prof. Theo. Husemann, in the course of a long article, in which he discusses the relative value of those remedies which

have at various times been proposed as substitutes for quinia, draws attention to an alkaloid, which alone can be regarded as a rival of quinia, standing in effectiveness between it and other cinchona alkaloids, and which has fallen in o undeserved oblivion. This alkaloid is *Beeberia* (or Bibiria, according to Binz), obtained from beebeeru-bark, which is also used as dye-wood, and is derived from *Nectandra Rodiaei* Schomburgk, a tree belonging to the natural order Lauracæ, and native of Guiana. From the investigations of Binz and Conzen, it appears that the physiological effect of bibeeria is identical with that of quinia.—*Pharm. Handel.*

THE TREATMENT OF SCIATICA.

Dr. Flemming gives, in the Berlin *Klinische Wochenschrift*, the result of his experience of forty cases of sciatica by means of the sand-bath. The patient is placed in a kind of trough, and the affected limb is surrounded by sand, at a temperature of 100° Fahr. or more, for half an hour; after this, a warm water bath is administered. Recovery is stated to take place, upon the average, after twenty-four sand baths.—*London Lancet.*

EXTRACTION OF QUINAMIA FROM RED BARK.

The alkaloid quinamia was discovered by Hesse, in 1872, in the bark of *Cinchona succirubra*, cultivated at Darjeeling, in British Sikkim. It contains one molecule of water more than cinchonina or cinchonidia, and differs from quinia and quiniidia by having two more atoms of hydrogen.—*L'Union Pharm.*

THE POISONOUS DOSE OF CASTOR OIL SEEDS.

It has long been known that the seeds of *Ricinus communis* contain, besides oil, a peculiar acrid principle, which causes violent vomiting and purging, and which must be reckoned among the acrid poisons. Van Hasselt, a number of years ago, declared one seed to be sufficient to sicken a grown person, and twenty to be sufficient to kill him.—*New Rem.*

ANTAGONISM OF BELLADONNA AND OPIUM.

The recent Edinburgh Committee, presided over by the lamented Dr. J. Hughes Bennett, concluded—

1. That sulphate of atropia is, within a limited range, physiologically antagonistic to meconate of morphia.

2. Meconate of morphia does not act antidotally after a large dose of atropia; thus, while atropia is an antidote to morphia, morphia is not an antidote to atropia.

3. Meconate of morphia does not antagonize the effect of atropia on the branches of the vagi supplied to the heart.

Both agents in question destroy life in the same manner. Opium is more antagonistic to belladonna, than belladonna is to opium. In opium poisoning, treated by belladonna, it should be suspended so soon as the pupils begins to dilate, for after this it intensifies the action of the opium. In the majority of reported cases of opium poisoning, treated by belladonna, the reporter acknowledges that either copious emesis, free stimulation, or faradism, had been resorted to along with belladonna.—*Dr. Milliken in Med. Asso. of Ohio.—Ohio Med. and Surg. Jour.*

COFFEE AS AN ANTIDOTE TO STRYCHNIA.

Dr. Attilio Lelli having met with a case in which a large dose of strychnia was administered in coffee without fatal consequences, was led to institute some experiments to determine whether it possessed an antitoxic power against this drug. The animals employed were rabbits, and by comparative trials he found that a dose of five centigrammes proved fatal in a short space of time; when the same or a larger dose was given in a very strong infusion of coffee, he found that the coffee either acted as a complete antidote in preventing the poisonous effects of the strychnia, or that it materially diminished the violence of its action. The details of the experiments are given in the *Rivista Sperimentale di Freniatria*, edited by Prof. Carlo Livi, of which the first Fasciculus of the third volume has just been issued.—*London Lancet.*

THE USE OF THE TREPHINE IN DE-PRESSED FRACTURES OF THE SKULL.

(*The British Medical Journal*, July 21, 1877).—Dr. Robert S. Hudson, after alluding to the change in surgical opinion which has occurred since the time of Pott, and to the brilliant results which that surgeon obtained by the use of the trephine, proceeds to question the propriety of that change, and asks that the surgical practice of the mining districts around Cornwall be given its due weight in the consideration of the question. For many years the operation of trephining for depressed fracture of the skull has been of weekly, almost daily, occurrence, and, according to Dr. Hudson, a very large percentage of the cases recover. If death ensue, there are generally obvious causes to account for it, such as diffused injury with laceration of brain-substance, and fractured base; success usually depends on an early operation, as soon as possible after the accident. He sums up his remarks as follows:

"1. Surgeons practicing in the mining districts around Redruth and Camborne have had, especially in former times, usually opportunities for the study of head-injuries.

"2. In compound fractures of the cranium, it has been the invariable practice of the most experienced to elevate depressed bone by means of the trephine or Hey's saw, without waiting for symptoms of compression or irritation.

"3. It is believed by those surgeons that no danger whatever attaches to the operation *per se*; pyæmic risks are unknown; and recovery is the rule after trephining operations.

"4. So firm is popular belief in the efficacy of the trephine, that a surgeon who hesitated to employ it, under the plea of waiting for symptoms, would assuredly suffer in reputation, if, in the event of death, he were not put on his trial for manslaughter.

"5. Hospital statistics place herniotomy among the most dangerous operations; but the statistics of hospital surgeons in their private practice show to a demonstration that an operation for the reduc-

tion of strangulated hernia is practically harmless, even when it is necessary to open the peritoneal sac, and that the risk is directly proportionate to the length of the ignorant delay which has been allowed to exist previous to the operation. (Holme's *System of Surgery*, vol. iv. page 692.) Although the parallel is not in every respect a complete one, we employ the trephine at the earliest possible period, and aim at preventing mischief by removing all sources of irritation.

"6. No matter how deeply prejudiced against the trephine our young surgeons may be when fresh from the schools, a few years' experience generally dispels the illusion; they become converts to the practice of the districts, and cease to look on its employment as antiquated surgery."

In *Guy's Hospital Reports* for 1877, Mr. Davies-Colley contributes two interesting cases in which the trephine was successfully employed, and adds, "These two cases support the rule which most of our text-books either miss or fail to impress, that in punctured fracture of the skull it is the surgeon's duty to trephine at once, without waiting for symptoms of compression or irritation."—*Med. Times*.

WASHING OUT THE BLADDER.

Dr. H. H. Hill, in the *American Medical Weekly*, reports the following case:

Mr. L., age eighty, an estimable and highly respectable gentleman, had up to the 28th of August, 1875, been a sufferer from chronic disease of the bladder (cystic) of ten or twelve years' duration, the disease and suffering gradually increasing until he was confined to his house, and finally to the bed. He had "put his house in order," and made all preparations for the final end, which seemed near. He often asked my advice as to what he could or should do for himself, and I as often advised and prescribed for him with no permanent relief; saying to him, so long as you can keep the bladder empty I will not interfere with the catheter; an operation I much dreaded, as he often had hemorrhage, sometimes profuse, and also a profuse muco-puru-

lent discharge with the urine, and very offensive.

August 28, 1875, he could no longer free the bladder; his suffering rapidly increasing, I passed a catheter without much difficulty, and drew off about a pint and a half of urine and offensive matter, which gave him great relief. I repeated the operation every eight hours. The general condition of my patient was in every way bad; very much emaciated; unable to take any kind of nourishment, except a little milk; the sight or smell of any other kind of food would cause him to vomit; vomiting was frequent; chills were severe, with profuse sweats.

On examination, over the region of the bladder, I found an oval tumor extending from the pubes to within one inch and a half of the umbilicus, and equally broad. The prostate gland was enlarged to the size of a hen's egg. The condition of my patient was such that I did not expect him ever to get any permanent relief. After visiting him a few days, I proposed to him washing the bladder with warm water, in order to get rid of some of the stench. This operation I did thoroughly twice every twenty-four hours with a four-ounce syringe, passing the water through the catheter, and taking it back into the syringe, empty it, and repeat the operation four, five and six times, or until the water came back clean. The washing afforded him relief daily, while his general health began to improve gradually. Vomiting, sweating and chills soon left him; appetite returned gradually, and at the end of two months he was able to be up and perform the operation of washing his own bladder by the aid of a fountain syringe. The prostate gland is now of normal size, and no tumor in the region of the bladder. Mr. L. has always been a very active merchant, and still is for a man of his years. His weight now is about 180 pounds. He still continues his washing.

Now, Doctor, I do not report the above case as anything new by way of washing the bladder, but I am of the opinion that we have been in the habit of neglecting that organ entirely too much as to local

treatment. Since treating the above case, I have been very liberal in the use of warm water in the bladder, and in no instance without perfect satisfaction. Soft water 98 to 100° F. I never use a double catheter, as I consider quantity and moderate distension important.—*Amer. Med. Weekly.*

CONIUM.

As an agent affecting the circulation in the brain and spinal cord, and as a paralyzant of voluntary muscles by its effect upon the afferent spinal nerves, conium has not yet attained the high place in general practice which it deserves. Perhaps the two circumstances which have led to this are, first, that in diseases requiring the use of conium, as in spinal irritation, congestion, meningitis, etc., the medicine is seldom employed in sufficient dose; second, there is very little of the drug which is reliable. Conium should be administered as digitalis; i. e., for its effects alone, without reference to quantity. Dr. Harley has declared that conium is to the corpora striata, the smaller nerve centers, and the entire motor tract, "what opium is to the brain." Since I have been less careful in regard to the dose, I have had better results from the use of conium. Some years ago I made extensive use of extract of conium in cerebro-spinal meningitis, and with marked benefit. The only preparation which is at all reliable is the fluid extract.—*Cin. Med. News.*

SALICYLIC ACID.

The effect of this acid in controlling acute rheumatism is truly wonderful. Much of its value no doubt depends upon the sedation exerted by it upon the circulation, as a consequence of which pain is lessened and temperature reduced. I have found the pain of migraine and other neuralgias yield very promptly to its use. As a local application to the nasal and pharyngeal mucous membrane in diphtheria and other diseases it is unexcelled. Its caustic nature demands care in its use, especially in young children,

and the following formula makes an excellent and safe mode for its administration :

R.—Acidi salicylic.....dr. iss.
Ammonia citratis.....dr. ss ad dr. i.
Syrupi cinnamoni.....oz. iss.
Aque cinnamoni.....oz. iss.

M. Ft. Teaspoonful every second hour for a child of five years suffering with rheumatism.

The putrescent character of the stools in children suffering with summer diarrhoeas is at once changed by salicylic acid, and a corresponding improvement in the condition of the little patient noticed. Its power over living germs renders it at once invaluable when contagion is feared. Prof. Abelin, of Stockholm, says that "in children, doses large enough to bring down temperature acted as a poison," and cites a case in which twelve grains caused death. In such doses it seemed to be a corrosive poison. In smaller quantities it lowers temperature without exerting any beneficial effect upon the course of the disease.—*Cin. Med. News.*

CHLORAL HYDRATE.

It must not be forgotten that the symptoms relieved by chloral hydrate and potassium bromide are dependent upon hyperæmia of the nerve centers in the brain or cord, and that sudden exhaustion is attendant upon many diseases of infants; e. g. cholera, diarrhoea, etc., in which convulsions usually terminate life. Chloral and bromide would but increase the trouble, and stimulants alone are indicated. The apyretic action of chloral hydrate renders the mixture additionally valuable in high temperature when convulsions threaten.

The local use of hydrate chloral is scarcely less valuable. I now depend upon its prompt and pleasant action in diphtheria; to abort abscesses, and to prevent the formation of pus in sinuses, as a gargle in stomatitis and in scorbutic gums of childhood, it is unexcelled, as well as in the angina of eruptive fevers. Chloral hydrate and bromide of potassium are contra-indicated in chorea. The rapid anemia in these cases is of itself suffi-

cient reason to predict what practice confirms. In whooping-cough a combination of the bromides, as in the formula of Dr. Brown-Sequard, will, if pushed, always give satisfaction. As a general thing in such cases the doses are far too small, and the interval too long.—*Id.*

ERGOT.

Ergot produces vaso-motor spasm, and consequently increased arterial tension, through its action upon the nerve centers within the cranium. This fact, if it be conceded, gives to the drug a therapeutic importance, in treatment of diseases affecting the circulation, perhaps unequaled by any other medicine. I have made extensive use of ergot based upon the above theory, and so far with the best results. The importance of ergot as a therapeutic agent in congestions of the brain and spinal cord in childhood, in catarrhal and mucous diseases, etc., renders it especially proper to include it in the medicines of childhood.—*Ex.*

IODINE PURPURA.

The *Revue Mensuelle de Medicine et de Chirurgie* contains a description, by Fournier, of a form of purpura, which results from the administration of iodine, three cases of which he had carefully observed. This iodine purpura has its seat upon the anterior surface of the thighs, and consists of scattered miliary petechiæ; it is unaccompanied by general symptoms. It appears a few days after beginning the administration of iodine, becomes more marked as the dose is increased, and disappears upon the discontinuance of the medicine. Upon recommencing the iodine treatment he was always able to cause a return of the purpura.—*Allg. Med. Central Zeitung*, No. 88, 1877.

PRURITUS VULVÆ.

Among the best remedies we have ever found for this troublesome affection is the following:

R.—Acidi carbolici.....gtt. x
Glycerin
Water.....ss-oz. j

M. Apply locally.—*Zeitschen.*

PRACTICAL NOTES AND FORMULÆ.

NOTE FROM DR. O. E. NEWTON ON HOW TO GIVE PODOPHYLLIN.

Editor Southern Medical Record :

I see on page 308 of your November issue, of last year, a suggestion how to give podophyllin, claiming it as a dangerous drug. There are but few physicians who know how to properly prepare podophyllin for use. I order the podophyllin as bought and sold to be put into a wedgewood mortar and most thoroughly triturated with equal parts of white sugar until the compound becomes impalpable, as the podophyllin, if given as bought and sold in its crude state, is almost sure to nauseate and gripe in full doses. I think if the author of that article will have prepared podophyllin in the way I have suggested, he will find it to be generally free from the nauseating and gripping tendency of which he complains.

As a compound podophyllin pill I use—

R.—Triturated podophyllin and sugar.....dr. i.
 Leptandria.....dr. i.
 Rhei pulvis.....dr. iss
 Capsici pulvis.....grs. xv.
 M. Ext. zinziberis q. s. ut fiat pillulæ.....90

Dose, two to three pills after supper; if they do not move the bowels satisfactorily in twelve to fourteen hours, two more are to be given.

I have used millions of these pills with satisfactory results.

Podophyllin, as bought and sold from the manufacturers, is not fit to be used at any time or for any purpose, in my opinion, though I frequently use it every day as above directed. A remedy that is so universally useful, and recognized as being useful wherever medicine is used throughout civilization, should be known by all how to use it.

CINCINNATI, January, 1878.

PERMANENT CURE FOR COSTIVENESS.

R—Sodæ Sulphatis.....grs. xx
 Ac. Nitro-muriat.....gtt. v

Take one hour before breakfast in half glass of water.—*Ib.*

NOTE FROM DR. O. E. NEWTON ON REMOVAL OF PLACENTA.

Editor Southern Medical Record :

SIR—I copy from page 288 of your November number, of last year, the following:

“With regard to the delivery of the placenta, the sooner you can make the patient comfortable the better. Therefore, as soon as you have cut the cord, which you may do as soon as respiration is well established, make traction upon the cord with one hand, and with the other grasp the uterus through the abdominal walls, and, as it were, squeeze out the placenta.”

The plan I have adopted and continued to practice for the last twenty-five years is, as soon as I am ready to have the placenta pass, to take the cord in my left hand, trace it with my right fore-finger, passing on until I reach the external wall of the placenta, and with the corner of my right finger-nail puncture the membrane, when at once the placenta is relieved of its size by discharging the engorgement or accumulated venous blood, and will at once collapse. Then, by slight traction with the left hand, holding the cord, and the point of the right finger holding on to the placenta, it is easily drawn away. I never fail to remove the after-birth at once in this way, without there be present morbid adhesion of the afterbirth to the wall of the womb.

CINCINNATI, January, 1878.

PARALYSIS OF DIPHTHERIA.

Prof. Metcalfe, of New York, recommends the following prescription for the partially paralyzed, protracted condition which sometimes succeeds an attack of diphtheria:

R—Strychnine.....gr. j.
 Dilute nitric acid.....dr. j.
 Water.....dr. viij.

M. From three to five drops in a teaspoonful of water three times per day.

PSEUDO HYPERTROPHIC PARALYSIS.

This affection is thus described in *Tanner's Index* :

"A disease of early childhood, mostly affecting males. The child weak on its legs, constantly falling, and getting up with difficulty; walk slow, clumsy and waddling. Great aching of loins. The calves of legs and buttocks become enlarged. No treatment effectual. Death usually occurs before the age of eighteen, from pulmonary consumption."

A condition resembling this not unfrequently occurs from the reflex irritation of worms in alimentary canal, which is promptly relieved by vermifuges. The following is excellent :

R—Fluid Ext. pink root
Syrup of Rhubarb.....ss—oz. j

Dose, one teaspoonful morning, noon and night. Into the last dose, at bedtime, add—

R—Calomel.....grs. v.
Santonine.....grs. j.

followed by dose of castor oil before breakfast next morning.

The worms being removed, use as a tonic for a few days—

R—Dialysed iron.....dr. ii.
Tinc. nux vomica.....dr. i.—M.

Dose five drops, to be given three times a day, for a child three to five years old.

NIGHT CRAMP.

Cramps in the legs at night usually result from indigestion, attended with an excess of acid in the stomach and bowels. Persons subject to cramps should take light suppers and use alkalis at bedtime. A teaspoonful of bi-carbonate of soda on going to bed is a good prophylactic, and will often give relief if taken in the night when the cramp is felt. A pill of assa-fetida at bedtime is also likely to keep off the cramp. When the cramp persists in the calf of the leg, stand on your feet and it will usually cease.

COLLODION PAINTS.

R—Collodion.....oz. j.
Olei Palmæ.....gtt. xxiv.
Anebuse Radicis sufficient to give color.

A good artificial varnish or artificial cuticle in cutaneous abrasions, burns, etc.

INFLAMMATION OF THE OS, OR IN VAGINISMUS.

Conservative Treatment.—Let the patient use the warm bath by sitting in a tub of warm water for 20 minutes, with a small speculum inserted. On leaving the bath and before removing the speculum, insert a pledget of cotton the size of a walnut up against the os, well saturated with the following preparation :

Glycerin.....oz. j.
Carbolic Acid.....gtt. v.
Tannin.....gr. x.
Morphia.....gr.

A string should be attached to the pledget that it may be removed next morning. The treatment must be long continued to effect a cure. The morphine should not be used in the preparation unless there is considerable pain or restlessness at night.

INTER-UTERINE INJECTIONS WITHOUT THE USE OF SPECULUM.

A medical friend informs us that he has succeeded well in injecting, and in cauterizing the interior of the womb and the neck, by the use of the metallic male catheter applied by the touch with the finger of the left hand upon the os as a guide, and inserting the instrument to any required depth, and forcing the fluid through the catheter by means of a small syringe from without. Care should be taken not to use too much force, otherwise the fluid may enter the fallopian tubes and occasion peritonitis. W.

TO MAKE ICE WATER.

Tosselli's method of cooling water consists of a cylindrical cup for holding the water; into this another vessel is plunged shaped like an inverted truncated cone, and having a projecting margin which rests on the outer cup. Four or five ounces of the nitrate of ammonia is added to the water in the inner cup, the solution of which is attended by a wonderful extraction of caloric, by which the water is converted into ice in a short time. The inventor claims to know another salt which will reduce the temperature 50 degrees Fahr.

LARYNGEAL AFFECTIONS AND CATARRH.

Dr. George H. Rice, of St. Louis, Mo., writes:

JANUARY 14, 1878.

Editor Southern Medical Record:

If the enclosed "treatment" will be of any service to the many readers of your valuable journal, I herewith submit it, for laryngeal affections and old chronic catarrh. I received my patient on the first of December last; put him on an alterative for four weeks, and at the same time used the following new remedies:

R.—Pot. Iodide..... grs. xxxv.
Grindelia Robusta..... oz. jss.
Yerba Santa..... oz. jss.
Penthorum Sedoides..... oz. jss.

Syrup wild cherry, q s. to make an 8 oz. mix., and give a teaspoonful four times per day. It has proved a valuable remedy. The patient says he could not breath through both nares for the last six years; at the same time, also, his voice was husky, and now is all right, feeling entirely a different man. I shall continue the treatment in less doses until spring.

DELIRIUM TREMENS.

The approved methods of treating delirium tremens may be summarized as follows.

"Critical sleep to be brought about as soon as possible. Ice to cool irritable stomach. Salines, milk, raw eggs, beef tea, brandy and egg mixture, ammonia and bitters, ether, brandy and bark, sumbul and hop, bromide of potassium, morphia, chloroform and Indian hemp; Indian hemp in doses of half a grain to one grain. Subcutaneous injection of morphia; chloral, tincture digitalis in half ounce doses—(dangerous.) Cold affusions or cold shower bath sometimes useful. Avoidance of stimulation, and excessive doses of opium to be avoided, etc."—*Tanner.*

CHEAP TONIC.

R.—Chinoidine..... oz. ss
Ac. Aetic..... oz. ss
Water..... oz. xii

Ft. Sol. Dose, one teaspoonful.—*Med. & Surg. Rep.*

FOR TAPE-WORM.

Leave off dinner and supper: eat a large onion at bed-time. Three hours before breakfast next morning take

Pulv. Kooso..... dr. v

If it fail to operate in two hours take a large dose of oil and turpentine. The kooso should be mixed in half a teacupful of peppermin! water. If it fails to bring the worm it will be because the article is not good.

When the kooso nauseates the stomach, it should be given in broken doses, repeated every hour until at least dr. v are taken.

Dr. Clark, of France prescribes the kooso as follows:

R.—Pulv. Kooso..... dr. viij
Olei ricini (hot)..... oz. jss

Strain and pour in the residuum.

Aque bullietis..... oz. jss

Filter and combine the two percolates by means of yolk of egg in an emulsion, and add gtt. xl, ether sulphuric, sweeten and aromatize, for one dose.—*Naphey.*

VERMIFUGES.

R.—Calmel..... gr. vi
Santonin..... gr. iij

Make three powders. Give one morning, noon and at bed-time in a little syrup. Next morning early give a dessertspoonful of castor oil and ten drops oil of turpentine to a child two years old.

Another:

L.—Santonin..... gr. iij
Fluid Ext. Pinkroot..... dr. ij
Syrup..... dr. ij

M. Give a teaspoonful three times a day until all is taken, and work off with castor oil. For a child three to five years old.

WHOOPIING COUGH.

Dr. Vogelsany, of Switzerland, finds that one or two scruples of bromine and as much bromide of potassium to a glass of hot water, placed in the room of a child suffering from whooping cough affords it great relief. The mixture to be renewed three or four times a day.—*Naphey.*

EARLY RUPTURE OF MEMBRANES.

Mr. Plaister, an English Surgeon, reports to a foreign journal 800 cases of midwifery, and claims that his experience establishes the propriety of rupturing the membranes in all cases when the os is the size of a shilling. We regard this man, and others of his class, who seek to improve upon nature's processes by un-called-for interference, as dangerous men, whose advice should not be followed, however plausible their assertions or how-ever great their claims to success. "Med-dlesome midwifery is bad."

OVARIAN TUMORS.

The muriate of ammonia has been found beneficial in ovarian enlargement. It is a good remedy also in uterine en-gorgement and in neuralgic affections con-nected with ovarian or uterine disorders. The following formula is specially suited to ovarian tumors:

R—Muriate Ammoniac.....oz. ss
Aqua.....oz. xii
Tinc. Iodini.....dr. j

M. One tablespoonful three times a day.

SORE NIPPLES.

We have found no application equal to the following for sore nipples. It is simple, easy of preparation, safe for the baby, and if applied when the child's mouth is sore, either from thrush or apthæ, it is a useful remedy for the child:

R—Pulv. acacie
Sodæ bicarbonatis.....aa—oz. ss.

M. Sprinkle a little upon the nipple immediately after the child is done suck-ing. W.

SYPHILITIC RHEUMATISM.

For syphilitic rheumatism or noctur-nal headaches in syphilitic subjects, use the following:

R—Iodide potassium.....oz. ss
Com. Tinc. Gentian.....oz. vi

S. Teaspoonful three times a day.
Another:

R—Muriate Ammonia.....oz. j
Water.....oz. xij
Tinc. Iodine.....dr. ij

M. Teaspoonful three times a day.

MORTALITY IN PHILADELPHIA.

The number of deaths in Philadelphia during the year 1877 were 16,003; of these there were carried off by

Consumption	2,349
Cholera Infantum.....	978
Pneumonia.....	840
Marasmus.....	752
Convulsions.....	747
Typhoid fever	550
Droopy	457

MEMBRANOUS CROUP.

Dr. Booth, in *Med. & Surg. Rep.*, claims to have cured a case of membran-ous croup with the following:

R—Chlorate of potash.....dr. ij
Syrup of lemon.....oz. j
Water.....oz. iij

Mix. Teaspoonful every hour. One dose of turpeth mineral was given, after which the chlorate mixture was given for several days.

KEROSENE LINIMENT—CORRECTED.

The formula for this liniment, by a mistake of the printer, was improperly rendered in the last issue of the RECORD. It should read as follows:

R—Kerosene Oil.....oz. ij.
Tinct. Opil.....dr. iv.
Tinct. Aracæ.....dr. v.
Tinct. Stramonii.....dr. iv.
Spts. Ammon. Aromat.....dr. vi.
Spts. Camphoræ.....dr. v.
Ol. Origan.....dr. iv.
Chloroform.....dr. iij.

M.

FOR BRONCHITIS.

R—Carb. Ammoniac.....gr. xv.
Spirits of Nitre.....dr. ij.
Syrup of Tolu.....
Water.....aa—oz. i.

M. A teaspoonful every two hours for a child one or two years old, and double the quantity in the chronic coughs of adults, in debilitated conditions.

QUININE FOR HYPODERMIC USE.

The following solution is used by English Surgeons hypodermically:

R—Quinæ disulphatis.....gr. j
Acid. Sulphuric.....gtt. v
Acid Carbolic.....gtt. ij
Aqua distillat.....dr. j
Inject thirty drops.

SCIENTIFIC ITEMS.

EDISON'S PHONOGRAPH.

Mr. Thomas Edison, of Menlo Park, N. J., is the inventor of the Phonograph, an instrument by which the vibration of sound causes indentations upon lead paper moving upon a cylinder. "This cylinder, from one end of it to the other, has small lines cut into it and running around it. By the side of the cylinder, and resting on it, is a pin attached to a vibrating plate, over which is a mouthpiece with a small hole leading to the plate immediately over the hole. When the phonograph is to be used a sheet of lead paper is spread over the cylinder, the words or sounds to be reproduced are made very close to the mouthpiece, and the vibration in the air occasioned by their utterance cause the plate to move, and the pin indents the lead paper upon the cylinder, which, by the way, is turned by means of the crank during the operation. The words being spoken, the paper is indented by the pin and the crank turns the cylinder back to its starting point. A funnel is then placed over the mouthpiece. Mr. Edison used one made of a plain piece of writing paper. The cylinder is then turned over the same space it originally traversed, and the sounds are reproduced accurately, and can be heard for several feet around the instrument, varying always with the loudness of the tone in which the words were spoken to the machine. After receiving the indentations made by the pin, the lead paper can be taken off the cylinder, and by replacing it at any other time the words can be exactly reproduced. This is what Mr. Edison thinks will make the machine practically valuable.

When the reporter of the *World* entered the room in which the exhibition was given, Mr. Edison was singing to the machine "Tommy, Make Room for Your Uncle." The reporter expected when the funnel was placed over the

mouthpiece to only hear inarticulate words reproduced, but he was astonished in hearing the words of the song quite as plainly as he heard them when uttered by Mr. Edison. Mr. Edison tried the effect of turning the crank slowly, and the slower it moved the deeper was the sound of the reproduction. As the crank was moved faster they came again in a shrill tenor.

Several days ago Mr. Edison adjusted the phonograph to the telephone, and succeeded perfectly in sending a conversation over the telegraph wires from his laborator at Merlo Park to Newark, a distance of seven miles.—*Exchange*.

In the *Jewish Talmud* there are evidences of a much more advanced knowledge of the sciences in ancient times than we are wont to believe. It is related of Rabbi Gamalial that he had in his house a kind of orrery for studying the motions of the planets; this as early as the 30th year of the common Era. It is also stated that he had a tube by means of which he could observe objects at great distances—answering to our telescope.

Some sort of anæsthetic agent was also known, as the following quotation occurs: "They gave him to drink a potion, which cast him into a profound sleep so that they were enabled to perform the operation of gastronomy." Something is also said about artificial teeth, and a "tooth covered with gold so as to stop and hide the decay."

SUN'S DISTANCE.

The distance to the sun, as estimated by parties sent out by the British authorities to make observations of the transit of Venus, is 93,375,000 miles.

It is said that electrical wires around a tin can are capable of transmitting telephonic sounds to another can at the distance of many miles.

EDITORIAL AND MISCELLANEOUS.

☞ All communications relating to the business of *THE RECORD*, for the years 1877 and 1878, must be addressed to DR. R. C. WORD, Managing Editor Southern Medical Record, Atlanta, Ga.

☞ Brief and practical communications are solicited on all subjects pertaining to medicine; also reports of cases in practice.

☞ Send money by check, postal order or registered letter.

☞ Write your name, post-office, county and State plainly.

TO OUR SUBSCRIBERS.—Friends, in accordance with notice given in our December number, we have entered all paying subscribers upon our list for 1878, who have not notified us to discontinue. Only three names have so notified us, and two of these with expressions of regret, while many new subscribers are coming in.

We are encouraged—and enter upon our duties with renewed zeal, and determination to please and benefit the busy practitioner. We have, however, incurred much expense, and shall be much cramped in our efforts until subscriptions come in. We hope, therefore, our friends will make prompt remittances. In the meantime, accept our thanks for your patronage and confidence, and our greetings and kind wishes for the new year.

W.

OUR JOURNAL FOR 1878.—The type of the present volume of our journal is changed, we think for the better, but not reduced in size as was contemplated. In lieu of this, we have added four pages of reading matter, giving about fifty additional pages for the year. While this and other additional expenses have been incurred for the improvement of the Journal and the benefit of our subscribers, the same low rate of subscription will be continued. We trust that these improvements and sacrifices will be appreciated by our readers.

OUR PUBLISHING HOUSE.—We have engaged to publish *THE RECORD*, the present year, J. H. Seals, editor of that popular literary paper, the *Sunny South*. After the first number, which will be a little delayed, we have assurance that our journal will be punctually furnished on the day of publication, (the 20th of each month.)

LACTOPEPTINE.—Among the recent efforts of pharmacy is that of the imitation of nature's processes in substituting the gastric and pancreatic juices where deficient. For this purpose we have Inguvin, Pepsin, Lactopeptine, etc. In the article on dyspepsia, in this number, cases are given of success in the use of Lactopeptine.

PARVULES.—Wm. B. Warner & Co. have kindly presented us with samples of their *parvules*—very neatly and tastefully prepared in doses so minute that, by increasing or diminishing the number, almost any dose or fraction of a dose may be given. Even the homoeopathist can use them, and no refinement of style or delicacy of taste can find room to complain of these unique and elegant preparations.

DIALYZED IRON.—This article is of recent introduction, and is attracting very favorable attention as being perhaps the best chalybeate which we have. It agrees well with the stomach, is not unpleasant to the taste, and does not constipate the bowels. It is said to be antidotal to arsenic, a fact which the profession will gladly hail. A case illustrative of its property in this respect may be found among the selected articles in to-day's journal. The article used was that prepared by John Wyeth & Bro., Philadelphia.

We have for sometime been using this same preparation as a tonic and chalybeate with very satisfactory results.

SPERMATIC TRUSS.—There may be seen in our advertising department a notice of a Spermatic Truss, manufactured by the Cooper Truss Company of Pittsburg, Pa.

As we have little faith in internal medication for obstinate and protracted cases of spermatorrhoea, we were favorably struck with this appliance at first sight. We have examined a sample sent us and applied it to a subject.

Its action is mechanical; it is simple in construction, easy of application, not costly, can be worn with entire comfort to the patient, and so snugly adapts itself to the parts that erection can not occur, and emission is absolutely prevented.

There occurs to us another important application of this instrument which the proprietors seem strangely to have overlooked, and that is as a means of relieving obstinate cases of incontinence of urine in children.

OUR CO LABORERS.

To those of our co-laborers for the past year, and all others who aided us by writing or otherwise, we are thankful. A number on the published list failed to do so, due, we suppose, to press of professional engagements, or other good reasons; while others not on the list have kindly interested themselves in our behalf.

Under these circumstances we have concluded to have no published list, but to ask all of our subscribers to consider themselves as our co-laborers, and to aid us in our efforts to benefit the profession and to develop the medical literature of our section.

ABINGDON ACADEMY OF MEDICINE.—At the last annual meeting of this Association the following gentlemen were elected officers for the ensuing year:

Dr. Wm. L. Dunn, President.
 Dr. J. S. Apperson, 1st Vice-President.
 Dr. Geo. Ben. Johnston, 2d Vice-President.
 Dr. Geo. E. Wiley, Recording Secretary.
 Dr. W. F. Barr, Corresponding Secretary.
 Dr. James Ogden, Treasurer.

DR. WILLIAM WHITE, Essayist for the occasion, read an interesting essay on Dysmenorrhœa, which was requested to be furnished for publication.

Dr. E M. Campbell read a report of a case of a large fibroid tumor on the roof of the mouth, which he and **Dr. G. B. Johnston**, assisted by **Dr. C. Aston**, removed. It had been nearly thirty years growing, and the patient was not able to eat solids or talk much. The operation was successful.

Dr. W. F. Barr, reported a case of pelvic hæmatocœle, occurring after parturition, successfully treated by himself.

The gentlemen were requested to furnish reports of their cases for publication.

Drs. J. F. Harrison and **J. W. Mallet**, of the University of Virginia; **Dr. L. B. Edwards**, editor of the *Virginia Medical Monthly*; **Dr. J. L. Darby**, of the University of New York; Surgeon General **J. K. Barnes**, of the United States army, Washington, D. C.; **Dr. Greenville Dowell**, of the Medical College of Texas, Galveston, Texas; **Dr. R. L. Paynes**, President of the Medical Society of North Carolina, Lexington, N. C.; and **Prof. J. B. Reid**, of Savannah, Ga., were elected Honorary Fellows of the Academy of Medicine.

SAMPLE COPIES.—Those who receive this number of *THE RECORD* as a sample copy are requested to subscribe. Try our journal and see if it does not well deserve the name it has acquired of being the "favorite of the busy practitioner."

ADVERTISEMENTS IN THE RECORD.

Several new and important advertisements may be seen for 1878, and certain of those formerly in are changed and enlarged.

Our subscribers are requested to examine them all. Much that is interesting and instructive may often be seen in advertisements. Men who advertise are generally active and enterprising in business, and will give prompt attention to orders. We hope our readers will patronize the houses which advertise in *THE RECORD*, and ask their home druggists and merchants to do the same. Nearly all the leading cities are represented in our advertising department. We give below a list of the places and the business firms in each. For details see their respective advertisements:

ATLANTA—**THE HOUSE OF PEMBERTON, SAMUELS & REYNOLDS**—wholesale and retail druggists—a new firm—pure drugs—active and reliable men.

BOSTON—**BILLINGS, CLAPP & Co.**, manufacturing chemists of a high order—well established, safe and reliable.

NEW YORK—**McKESON & ROBBINS**, importers and jobbers of drugs, manufacturing chemists, etc. Large establishment—enterprising men—a house of the first order.

REED & CARNICK, manufacturing pharmacists of a high order. A large and well managed business establishment. Stands among the best in the city.

BELLEVUE HOSPITAL MEDICAL COLLEGE—Among the very best medical institutions in the United States.

FREMONT, OHIO—**TRONNER EXTRACT OF MALT Co.**—Liberal advertisers—active and enterprising. Their malt preparations are splendid.

PHILADELPHIA—**WM. R. WARNER & Co.**, manufacturing druggists—liberal advertisers. A large and enterprising establishment—live men—safe and reliable.

BULLOCK & CRENSHAW, wholesale druggists, chemists and importers. An old and well established house—large establishment—active and safe men—extensive business.

JOHN WYETH & Bro., chemists and pharmacutists—a very fine house—beautiful preparations—live men—large business.

KRAEBER & MATTISON, manufacturing chemists of high order—fine malt and numerous other preparations—large house—active men—safe, prompt and reliable.

CINCINNATI, O.—**MERRILL THORP & LLOYD**, wholesale druggists and pharmacists—manufacturers of specific medicines—pure and reliable. A large and well established house—active and enterprising. At the very head of the list in the West.

St. Louis, Mo.—ALON & HERNSTEIN, surgical instruments and physician's supplies—one of the few St. Louis firms that advertise in the Eastern journals. A fine establishment—live and energetic business men.

SPECIAL ADVERTISEMENTS.—Among these we direct attention to the Liebig Beef Extract Co., Newburg, N. Y.; T. Cordon, proprietor, Baltimore.

GLYCERITE OF KEPHALINE.—P. F. BIEHL, Louisville, Ky.

VITALIZED PHOSPHATES.—F. Crosby, chemist—Caswell, Hassard & Co., agents, N. Y.

COOPER TRUSS Company, and others, which please see.

BOOK NOTICES.

MODERN MEDICAL THERAPEUTICS; a Compendium of recent formulæ and Specific Therapeutical Directions, from the Practice of Eminent Contemporary Physicians, American and Foreign. By George H. Naphey's, A.M., M.D., etc. Fifth edition, enlarged and revised 1 vol. 8vo. 600 pages. Price \$4.00—full leather \$5.00. D. G. Brinton, Philadelphia.

Only a few months ago we had occasion to notice the fourth edition of this excellent work. That a fifth and more enlarged edition should be so soon called for, evinces the approval of the work by the profession, and its happy adoption to the wants of the practitioner. The present volume, containing many valuable additions and improvements, will doubtless be equally sought after. It will be found a most valuable aid and convenient book of reference for the daily practitioner.

MODERN SURGICAL THERAPEUTICS; A Compendium of Current Formulæ, Approved Dressings, and Specific Methods for the Treatment of Surgical Diseases and Injuries—a Companion Volume to the work on Medical Therapeutics. Price, \$4.00. Full leather, \$5.00. D. G. Brinton, Publisher—Philadelphia.

This work meets a want greatly felt, not only by the surgeon proper, but by every practitioner—as every one must possess some knowledge of surgical practice. In presenting this volume to the public the editor remarks that he can claim for it that it fills a place in medical literature now entirely unoccupied. Its chief purpose is to set forth the medical aspects of surgery. There seems to be no work extant which contains the therapeutics of surgery strictly, with the formulæ and practice and systematic directions of distinguished surgeons, and a specific treatment of surgical diseases and injuries. We can safely recommend this work to our professional readers as eminently practical.

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA; By Robert Farquharson, M.D., Edinburg, F. R. C. P., London, Lecturer on Materia Medica, etc. Enlarged and adopted to the United States

Pharmacopœia, by Frank Woodbury, M.D., Member of the Academy of Natural Sciences, Phil., etc. Henry C. Lea, Publisher, Philadelphia.

This is a compact volume of 400 pages, containing much practical and important information. The corresponding effect of drugs upon both the healthy and diseased system are presented in parallel columns. Copious notes are also given embodying the latest revision of the United States Pharmacopœia, together with antidotes to poisons, and the more important of the later remedial agents of the day. The work cannot fail to interest and profit both the student and practitioner.

CATALOGUE No. VI., of Western Electric Manufacturing Company, Electro-Medical and Surgical Apparatus, Electricity and Surgery, 220 Kinzie st., Chicago.

A very neatly bound and elegantly gotten up pamphlet of 77 pages, containing cuts and illustrations of various batteries and electrical apparatus, with instructions as to use, therapeutic and physiological effects, etc. Medical men who desire to post themselves in this important department would do well to examine this work.

AN ADDRESS Introductory to the 12th Course of Lectures in the Medical Department of the University of Philadelphia, Delivered October 1, 1877, on Higher Medical Education.

By William Pepper, A.M. M.D., Prof. of Clinical Medicine.

This address is highly interesting, and should be read by every member of the profession. We propose to notice it more fully at another time.

A NEW MEDICAL ASSOCIATION IN ATLANTA.—At a preliminary meeting, recently held by a respectable number of medical gentlemen of the city, the initial steps were taken for the organization of a medical association, having in view the advancement of medical science, and the social and professional good of its members. The first meeting will be held at the office of Dr. J. J. Knott, on Friday evening, February 1, when the election of officers will take place, and a permanent organization effected. A brief of cases reported may be expected in future issues of the RECORD.

RECORDED FOR 1878.—Drs P W Callihan, A T Park, M C Baldridge, E T Henry, W M Fitch, J D Jordan, E D Yeats '77, S S Shields '77, A H Smith, J A Hanks '77, A P Harris, F M Rushing, Robert Kells, J W Gilbert, Jno A Gordon '77, H Y Hunt '77, T L Darby, J W Patton, B W Doster, Jno Gardine, O E Newton, M K Harrison, R S Hallsey '77, R S Walker 6mos, Jno Elsner, W J McAlpine, W S Gautier, J W Harris, A A Hill, A E Simpson, C M Gibson, T P Oliver, Robt James, T C Powell, L J Sherrill, J S Knott, J H Knott 6 mos, G R Dostler, W K Chambers, C H Jones, E H M Parham, J W Sanders, Frazer & Wiley, A B McWhorter, J J Grace '77, T S Parham, D B Hamilton, E A Cox, J O Sanders, R J Mathews, P Taylor.

IMPORTANT ERRORS.

On page 825, December number of our journal, in an article copied from another journal, on Rheumatic Dysmenorrhea, two of the formulæ are wrong, and it would be well for each subscriber to turn to it and correct with his pencil, to read as follows:

R.—Ammonia hydrochlor.	dr. iii.
Tinct. Stramonii	dr. ss.
Tinct. Cimicifugæ.	
Tinct. Glycyrrhizæ.	aa. ex. iss.
R.—Acid Salicylic.	dr. iii.
Tinct. Stramonii	dr. iii.
Soda Bicarb.	dr. ii.
Vi um Colchici.	dr. iii.
Glycerinæ	oz. i.
Aque	os. iii.

MESSRS. BULLOCK & CRENSHAW'S REJOIN-
DER TO W. R. WARNER & CO.

When we gave place, in our November number, to the article of Wm. R. Warner & Co., relative to sugar-coated pills, we did so to correct what we supposed to be a mistake in a mere matter of history, committed by our contributor, Dr. Greene. But Messrs. Bullock & Crenshaw send us the following rejoinder to the article referred to, and insist upon its publication, claiming a right to be heard. We publish it, but distinctly disclaim being a party to the controversy in any manner. The parties are our advertising patrons, and are both well and favorably known as among the first business men in the country.

We trust that no serious unpleasantness will result, and that the issues involved may find a satisfactory solution:

A CARD.

Editors Southern Medical Record:

SIRs—Our attention has been called to a quaint correspondence, published in the editorial columns of your November number, in which we regret to find our firm name used in such a manner as to demand an explanation from us. The article on Sugar-coated Pills, contributed by Dr. Wm. A. Greene, unsolicited by us, as you probably are aware, but was *entirely correct* in asserting that our firm commenced manufacturing S. C. Pills before any other individual or firm was similarly engaged in the State of Pennsylvania, and as this assertion conflicts materially with the statement made by Wm. R. Warner & Co., we desire to give, briefly, *the facts*, leaving it to your readers to determine whether our claim to priority in the *manufacture* of sugar-coated pills is correct or not.

About the year 1858, Mr. Warner was engaged in a strictly retail drug and prescription business in this city, with leisure time on his hands, while we were carrying on an extensive wholesale trade, extending far over this country, a large portion of which was with the physicians in the South. Not having sufficient room to spare for any new operations in our already crowded laboratory, we en-

tered into an agreement with Mr. Warner to send to his store, from time to time, all the necessary ingredients, bottles, labels, wrappers, etc., he to employ suitable assistants, and return the Pills to us finished, charging us a stipulated price per thousand for the labor put upon them, which could have been done by any other pharmacist in the city, whom we might have selected or chosen to employ—all of the bottles, labels, wrappers, etc., used bearing the name of Bullock & Crenshaw as manufacturers, and Mr. Warner was not known in the matter. We commenced the advertisement of the pills in most of the medical journals of the country, and, by distributing the price-list, and assuming all the responsibility of manufacture and sale, after considerable expenditure, we succeeded in conquering the prejudices of the profession, and our sugar-coated pills became an indispensable luxury in every physician's outfit.

Mr. Warner asserts that he *supplied* B. & C. with sugar-coated pills for a period of eight years prior to 1866. We declare that he never *sold* us a pill during that period, but he was simply employed by us to work up our materials. As well might his assistant, whom he kept employed on our pills, claim to be the manufacturer. The whole responsibility was ours, the risk of reputation and capital was ours, and if the pills had proven a failure, we would have sustained the loss; but after the experiment had turned out a grand success, under our direction, in 1866, Mr. Warner entered into the wholesale business and commenced manufacturing sugar-coated pills. We secured a larger building, employed another pharmacist and assistants, and continued the manufacture of our pills without any delay or interruption.

In regard to the awards of the Centennial Commission, we notice that Messrs. Warner & Co. inform your reader that they received their diploma and medal from the "primary" judges, and that B. & C. received theirs from a "supplementary" jury, appointed by the commission near the close of the exhibition—all of which is entirely correct—but we regret that they did not complete the narrative, and anticipate the questions which will naturally arise in the minds of every thinking man, as to *why* the commission deemed it necessary to *supplement* the action of the "primary" board.

The Centennial Commission was comprised of honest, intelligent, and prudent men from all parts of the country, and they certainly would not have deemed it necessary to appoint a "supplementary" jury, just before the close of the exhibition, without sufficient cause to justify such action. The conclusions arrived at by the "primary" board must have been very unsatisfactory to compel the commission to resort to the unusual proceeding of appointing a "supplementary" jury. We are glad to be able to state that our diploma and medal were awarded by the "supplementary" jury, signed by Professor Henry H. Smith, M.D., of Philadelphia, and not by the "primary" board, in which Dr. J. H. Thompson, of Washington, was so active.

Very respectfully,

BULLOCK & CRENSHAW.
Philadelphia, Dec. 22, 1877. (1t)

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EDITORS:

THOMAS S. POWELL, M. D.

W. T. GOLDSMITH, M. D.

R. C. WORD, M. D.

R. C. WORD, M. D., Managing Editor.

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ORIGINAL AND SELECTED ARTICLES.

DOES HYDRATE OF CHLORAL SOMETIMES ACT WITH UNUSUAL ENERGY WHEN ADMINISTERED IN CONJUNCTION WITH A PREPARATION OF OPIUM?

By S. S. SHIELDS, M.D., Crawfordville, Ga.

Some months since, I was treating a patient for chronic metritis, and during the time, a circumstance occurred which was so unlooked-for and peculiar that I presume a description of it may not be uninteresting to some of the readers of the RECORD.

I do not propose to give a history of the case, for there is nothing of unusual interest in it. I will state, however, that the patient, previous to my treatment, had begun the use of chloral, and, when she came to me, was taking from 40 to 60 grains daily. This habit I finally succeeded in breaking off, but, in spite of my

vigilance, she took to using opium, and was soon under the yoke of that habit. [By way of justice to her, I will say that she suffered greatly all the while, and I gave her some opium during treatment, but did my best to guard against engendering a habit.]

I give the above particulars of her general condition in order that what follows may be better understood.

During the time she was under my care, my patient had several attacks of hysteria, and it was in one of those attacks that what I am about to relate took place.

This attack was an unusually severe one. She had not slept for some fifty or sixty hours. Her appetite was gone, but she would take liquid food mechanically. She began to grow very weak, and active delirium had been developed. I had tried in vain to produce sleep (for that was the main object now); I had gone through the whole list of ordinary reme-

dies: bromide potassium, valerian, ether, aesculetida, cold and hot baths, etc. (I mean head and foot baths.) I had used all means I could think of, both direct and indirect, but they proved of no avail. She gradually grew worse—and right here let me remark how unfortunate it was that she was using opium, for, besides doing no good, it very often does harm in hysteria. It was impossible, however, to take it away from her at this juncture, for, of course, bad results would have surely followed the cutting off of the accustomed stimulant.

One night, about nine o'clock, when I had about got to "my row's end," and she was still delirious, still sleepless, her pulse 120°, respiration 24, yet no fever, skin covered with profuse clammy perspiration, and lips and tongue dry and hot, I concluded to give her a little chloral—though I had almost determined never to give her another dose—not, however, because I had ever seen any immediate effects from it in her case, but because it had injured her by gradually sapping the strength of her nervous system. I am confident, too, that it had induced organic brain trouble, and that this very trouble was underlying the hysteria at this time.

But to the point: I concluded to give her a little chloral, and accordingly put 10 grains in water and gave her—observe the smallness of the dose. It was my intention to get her gradually under the influence of the remedy, giving her small doses as they were indicated. I proceeded very cautiously, she was so very much prostrated, and it was well that I did, for—mark what followed—I must not forget here to call attention to the fact that she had taken, an hour or two previously, 6 grains of opium (gum). I remained with her, after giving the dose, to watch the effect, and in about fifteen or twenty minutes, after having been awake for fifty or sixty consecutive hours, she fell suddenly into a most profound sleep. The breathing became stertorous, then interrupted and tremulous; her face turned alarmingly pale, and assumed a

cadaverous hue, and in less than ten minutes from the time she fell asleep, *respiration ceased*; her muscles became rigid, and the heart beat very rapidly and very feebly. In fact, she exhibited every symptom of chloroform poisoning—that is, the manner in which it poisons in eight cases out of ten—paralysis of the respiratory muscles.

You can imagine my feelings—especially as there was a number of *old women* in the room; but I cannot describe them. But no time was to be lost. I began artificial respiration, slapping with wet towels, etc., and sent immediately for my battery, which, luckily, was not far off, I being in town. It was brought in less than ten minutes, and I began with electricity, placing the positive on the tongue and the negative over the region of the upper portion of the lungs—in fact, as near the pneumo-gastric nerve as I could get it. I then gave her the very strongest (interrupted) current which the instrument was capable of uttering, and had the happiness to see respiration resumed, though, at first, it was only about six to the minute. I kept up the electricity constantly; though it produced most fearful contortions of the muscles, yet it brought the color back to her almost lifeless cheeks, and the respiratory movements gradually increased in rate of speed, until, after five hours of its steady application, she was breathing regularly at seventeen per minute. Her pulse, from beating, scarce perceptibly, at 170° to 180°, came down to its usual rate before giving chloral, namely, 120°.

In the meantime, I had injected, hypodermically, both caffeine and atropia. I gave, during the time, 2 grains of the former (at two doses) and 1-50 grain of the latter. This was done for the reason that I noticed the pin-hole pupil, and, fearful that I should have the accumulated force of the opium to deal with, I began with antidotes for that, for what she had taken during all day (three doses) may have lain unabsorbed in the stomach until the chloral got control of the system, and then the whole amount may

have been absorbed and acted upon the nervous centers at once. I say *may have*, because I am not *certain* about opium poisoning. The dose mentioned was not a large one for her. Those who have watched the habits of the opium-eater know how thoroughly used the system becomes to the drug, and with what impunity he can increase his doses. I am certain it was the chloral which first effected her so alarmingly; but why did so small a dose have such an energetic effect? There was no mistake in the weight; she had taken the drug before in four, yes six times the quantity. Then the books say that 47 grains is the lowest poisonous dose yet recorded. As for the sample, I had given some of the same to other patients, and in larger doses. Indeed, I am almost certain that she herself had taken some of it six or eight months before, yet it had been kept well protected.

I have been giving chloral since 1870, and though I never saw such alarming effects from it in any previous case, yet I deem it a very unsafe medicine. It will not act on two persons alike in the same dose, and it will not effect the same person, in the same dose, at different times, alike. There is no certainty in its action. In many instances, it will not produce sleep, unless every other circumstance is favorable.

I see, in the RECORD, a notice of its peculiar effect when given after alcoholic stimulants, or with them. I, too, have noticed a similar effect. It produces intense turgescence of the facial integument, violent throbbing of the heart and arteries, and, in many instances, a maddening urticaria, with singing sound in the ears, etc. I think great danger attends its administration in alcoholism. Though it may act tolerably, and even very well, in a small number of cases, yet it will deceive you if you do not watch it closely. In fact, it is not trustworthy, and a remedy that is so potent for evil should never be in the hands of the people at large, as we know this drug is.

Messrs. Editors, if you think the above worthy of a place in your valuable jour-

nal, you can put it there. I submit it with the hope that you, or some one or your correspondents, can advance some argument, *pro*. or *con*., on the subject. I would like to get the views of some one, more fit than myself, to explain the why and wherefore of the matter.—[We hope that some of our medical brethren will respond.—Ed.]

ON THE USE OF OPIUM IN CONGESTION.

[Prepared for the Sebastian County Medical Association.]

By A. B. LOVING, M.D.

As I have been called upon by the Society for a communication on the use of Opium in Congestion, I will endeavor to give my experience with this agent in the treatment of that form of congestion commonly known as congestive chill. If you expect me to give you the *modus operandi* of opium in this disease, I fear you will be disappointed. One thing I do know, I have gained my object in the treatment of this trouble, with this agent in combination with quinine, calomel and camphor, when I do not think I could have reached the same results without opium.

And since comparing my statistics with those of others who do not use opium in congestion, I feel confident that my success in the treatment of this disease, is due largely, to the opium used. I know that some physicians take the ground that opium will not be absorbed while the system is in this state of congestion, and will accumulate in the stomach, and, if the patient is so fortunate as to struggle through the congestive stage, he will be poisoned with opium. I admit, if the opium was not taken up by the absorbents and disposed of by the system, that this state of things might result. But the success of my treatment indicates that absorption does take place.

If opium cannot be absorbed in these cases, I affirm that no other medicinal agent can be. And, admitting this, what is left us to do? Shall we stand by and watch the feeble flame of life go out, or

shall we endeavor to rekindle it with opium, the agent which experience has taught us, will snatch our patients, as it were, from death's cold embrace, and restore them to family and friends?

I hold that medicines can be absorbed so long as the heart continues to pulsate with sufficient force to propel the life-giving fluid into the primæ viæ, and being absorbed, will produce its peculiar effect on the system; the dose, of course, to be regulated by the state or condition in which we find the patient. Now, we all know what authors say as to the effect of opium. On page 701 *Stille's Therapeutics*, will be found the following:

"In small doses, from one-fourth to one grain, opium produces on those who are accustomed to its use, a soothing, luxuriant calm of mind and body; followed, in the course of 40 or 50 minutes, with a disposition to sleep, etc., etc. At the same time, the pulse, which was at first slightly quickened, became somewhat slower, and often perspiration breaks out on the skin. In larger doses, as from one to three grains, opium produces much more decided effects; the stage of excitement is much more strongly marked; the head feels full, hot and sometimes light; there are buzzing noises in the ears; the face and eyes are injected; the pulse is fuller and more frequent; the skin is hot and dry. As a general rule a full dose of opium renders the action of the heart stronger and more frequent."

We see from this that the first effect of the opium is to stimulate, and its after effect to depress. During its stimulant action, Stille says: "The skin becomes turgid and red."

I claim for opium that in this congested stage we get the stimulant action without the subsequent depression. I know not how to account for this, unless the quinine and camphor I always give in combination with the opium, maintains the stimulant effect of that most potent drug. At least, experience has taught me that no depression follows in these cases. I will report a few cases as cor-

rectly as I can draw on my memory for the same:

Case 1.—I was sent for to see Mrs. C., on the morning of —; found her suffering from pernicious intermittent fever, with congestion of the lungs; respiration hurried, perhaps 45 or 50 to the minute, pulse quick and thready; surface decidedly cool and moist; muscles in a state of perfect relaxation. I felt that I had here a case that would speedily terminate in death, if prompt measures were not taken to avert it. I directed the chest to be enveloped with mustard plasters, and I gave the following medicines: quinine, opium, camphor, acetate of lead, and a small quantity of calomel. I was not particular about measuring the quinine or camphor, and don't think I gave less than one grain, or a grain and a half of opium, perhaps more; when I got it all together I had a large size country teaspoonful. I gave this dose myself, and left 5 or 6 powders of the same preparation, but compounded with more care, and directed one to be given every two hours until the respirations became free and easy, and then to prolong the intervals to five or six hours. On my return the next morning, I found all the powders had been given except, I think, about 2, congestion relieved, patient in every way improved; directed quinine to be kept up at intervals of 4 to 6 hours for the next 48; also directed, if the bowels did not act in the course of the day, to be moved with castor oil. At my next visit, found patient so much improved that I turned her over to the cook.

Case 2.—was Mr. F., a case of congestion of the bowels, with copious watery discharges which were taking place every 15 or 20 minutes; complete relaxation of the system; pulse quick and compressable. I can't say how much morphine I gave him at the first dose, but poured it out in a spoon, like I was measuring quinine, dissolved it in as little water as it would dissolve in, and gave it forthwith. I then measured out 5 other morphine powders containing about $\frac{1}{4}$ of a grain, directed them to be given every hour and

a half until vomiting and purging were arrested. Also left 20 grains quinine, divided into 5 powders, one to be given as soon as the stomach would retain it, and repeated every 2 hours until all were given. I do not recollect that I gave any calomel in this case, but expect I did, as I hardly ever omit it in these malarial attacks. I do not hesitate to give the mercury in cases when the actions from the bowels are frequent, believing, as I do, that its remote action helps to guard the patient against a repetition of the paroxysm, or congestive stage, and besides, by combining with opium and some astringent medicine, the bowels will be checked and the calomel will be held in the system until it has the desired effect.

Case 3—was Mrs. G—, with remittent fever with paroxysmal headache; the pain in the head coming on every 10 or 15 minutes, somewhat after the order of a neuralgic attack; pulse full and bounding; skin hot and dry, tongue heavily coated with a brown coating; bowels constive. This was a case of ordinary remittent fever, except the peculiar form of headache. I directed opium half grain, quinine three grains, calomel two grains, to be given every two hours until relieved, and then every 3 or 4 hours until 5 or 6 doses had been taken. Next day, found her comfortable, head symptoms relieved; directed bowels to be moved with oil, and quinine to be kept up for several days. I report this case not because of the opium used, but the administration of quinine when the pulse was full and hard, and skin hot and dry, with the head trouble that was present. Which we all know would have been contrary to the teachings of the medical profession 10 or 15 years ago.

Case 4.—I was called to see Mr. M—, and found a case of pernicious intermittent fever; pulse weak and compressable; skin cold and bedewed with sweat; bowels discharging blood every half hour or hour. I informed the patient's friends that I did not think he would live till morning. I had a large mustard plas-

ter put on the abdomen, gave him 15 grains quinine, 1 grain opium, 5 grains camphor and 3 grains of lead; directed powders to be given every 2 hours until the disease was controlled. This case recovered in two or three days.

Deval's Bluff, Arkansas.

HYSTERICA EPILEPTICA WITH UNUSUAL COMPLICATIONS.

By JOHN COSTON, M.D., of Alabama.

I submit to your disposal the following history of a case under my observation for some time past, hoping it may prove beneficial to the afflicted, and, perhaps, call forth some thought and investigation by the profession on the important subject of the Neuroses.

HISTORY OF PATIENT.

Mrs. B., aged 19, was married at 16. She is small of stature, weighs about 100 pounds; her health was good, in the main, before marriage, but even prior to the appearance of the menses she had fluor albus, which has persisted up to the present. Her monthly courses had been on her regularly nine times before she married, and they continued regularly for four months after marriage, when she became pregnant. She went through her term, and brought forth in due time, and recovered as well as usual. Her courses came on at three months, and continued regular up to six months, when they were again interrupted by conception. She passed her second pregnancy and confinement very well: this last confinement occurred December 25th, 1876. The last child died at four weeks old.

HISTORY OF THE CASE AS GIVEN BY THE PATIENT.

In less than two months after she was married she began to suffer, as she expresses it, "with flashes of burning pain," starting in the left ankle, about the external malleolus, and running up toward the knee, the pain continuing but a moment, and recurring every few days. The

pain increased regularly in intensity and in frequency and in the extent of its range, so it soon began to run to the knee and then above it, and afterwards to the hip, and finally, in the latter part of her second pregnancy, it reached the head and on two occasions, a short time before her last delivery, it affected her mind and suspended respiration, which it has continued to do occasionally ever since. The spells last from two to five minutes, and they had increased in frequency until she was having from four to seven spells in the twenty-four hours by July 19, 1877, when I first saw her.

She then presented the following conditions: Her general appearance indicated pretty good health; she reports appetite good; bowels regular; the tongue clean; the lungs, liver, heart and spine seem to be healthy, save a slight tenderness of spine in sacral region; uterus quite tender, slightly enlarged and slightly ulcerated, depressed a little, and seems to be inclined to retrovert; diffused tenderness through the abdomen; severe vaginismus, so as to preclude copulation for months—indeed, it has always given her pain; numerous tender places along the crest of the ilium, about the sacrum; the sciatic notch, behind the trochanter major, along the track of the sciatic nerve in the thigh, head of femur, etc., etc.

From the time she feels the pain, it is not usually more than half a minute till it reaches the head. It then draws it forward and to the left, for the left side draws worse than the right. The pains sometimes abort, or fail to reach the head, but when they do reach the head, and pass off, then she is for some minutes quite deranged, picking and pulling at the clothing, and giving but little heed to anything that is said; then there follows a general rumbling of the bowels.

There have been several changes in the case during the time of my observation. Uterine troubles greatly relieved; deep-seated tenderness in abdomen better, but a greater degree of tenderness of the surface has ensued. Spinal tenderness has grown worse, the spells have decreased to

three in the last fifteen days; the sacres have not yet appeared.

I do not consider it necessary to detail the treatment. It has consisted of alteratives, tonics, antispasmodics, anodynes and counter-irritants, baths, etc., with local applications to uterus and vagina.

The points that most prominently present themselves to my mind are—

1. That fluor albus existed before the menses ever appeared.
2. That the spells came on very soon after marriage, and while the courses were regular.
3. That the spells were not in any way influenced by the changes incident to two pregnancies, deliveries and lactations.
4. The explosive character of the sciatic pain.
5. That the sciatic pain existed two years before it assumed its present epileptical form.

Now, will those better acquainted with this class of diseases do me the kindness to give me their opinions on the etiology, diagnosis and treatment of the case through the RECORD, that we may have light on this somewhat singular affection?

[The above case presents a remarkable illustration of the power of what is styled reflex irritation in the production of varied and singular phases of diseased action at remote points of the system. The name or caption to the article is our own—our correspondent having failed to give one. Perhaps we are incorrect. Let some one answer his inquiries.—EDITOR RECORD.]

FISSURE OF THE RECTUM.

CLINICAL REMARKS MADE AT BELLEVUE HOSPITAL.

By ESKINE MASON, M.D.,

Professor of Clinical Surgery, in the Bellevue Hospital Medical College.

Reported for the [MEDICAL RECORD.]

GENTLEMEN—The patient now before you is suffering from an affection which in itself is very slight, but one that is sometimes attended by most distressing symptoms—she has fissure of the rectum.

Patients suffering from the disease usually complain of a severe burning pain, occurring most commonly a few minutes after having a movement from the bowels, and especially if the feces are at all hardened. This pain may last for hours, and give the patient very great distress. It is probably the single symptom which is most characteristic of the affection, and is sufficient to warrant a most careful search for fissure of the rectum.

A common cause of this trouble is constipation. Under such circumstances, when an evacuation from the bowels does occur, it may be large, the hardened mass perhaps tears the mucous membrane, and a fissure is established. On the other hand, fissure of the rectum may follow an attack of diarrhoea. Again, the fissures sometimes result from specific disease.

They may be situated directly opposite the coccyx, or towards the perineal region, or upon either side of the rectum.

It is not unfrequently the case that patients suffer from this affection a long time before they seek relief. They suppose that they are suffering from piles, and when they come to you for advice and describe their case, unless you are upon your guard, it may be mistaken for one of hemorrhoids, and a useless recommendation made. It frequently happens with fissure of the rectum that more or less of blood is lost with each movement of the bowels. That fact alone may lead you astray, and bring you to the conclusion that the case is one of bleeding piles. Again, when you make an examination, you will frequently find the integument along the side of the fissure inflamed and oedematous, and a superficial investigation may lead you to the conclusion that the patient is suffering from an inflamed external hemorrhoid. The only manner, however, in which you will be able to make a correct diagnosis, is by a careful and complete examination.

As you examine these cases, you will almost invariably find associated with the fissure a little papillary enlargement which may have the appearance of a polypus. This polypoid appearance is due to

simple hypertrophy of one or two papillae in the neighborhood of the fissure. These enlarged papillae may overlap the fissure, if it be a small one, and so conceal it from view. It is important, therefore, in your examination, if such a growth is present, to turn it to one side, and then may be exposed a slight fissure or crack, or grayish line in the mucous membrane that had previously escaped notice. This affection has also received the name of ulcer of the rectum.

The diagnosis having been made, the question arises, how shall the fissure be treated? Can it be treated successfully without resorting to operative procedure?

TREATMENT WITHOUT OPERATION.

In young subjects, and where the fissure is of recent origin, you can, in many cases, succeed in curing them without an operation. The treatment is to keep the bowels in a soluble condition, and make use of some astringent and sedative application. A very common prescription of this kind contains zinc or stramonium ointment in combination with belladonna or opium. This plan of treatment is often followed by complete relief.

There are many persons who are remarkably timid when anything like operative interference is suggested, and you will be able to relieve a goodly number of such cases by penciling the fissure to its bottom with a fine point of nitrate of silver, or with nitric acid. These applications relieve the pain, because they destroy the little filament of nerve which is exposed in the fissure.

In those cases in which the fissure has attained some size, you can always with the probe find one spot which is excessively tender, and when the nerve exposed at that point is destroyed by the use of any cautery, or by stretching the sphincter, the patient will be relieved.

RADICAL TREATMENT.

What is the radical treatment of this painful affection? It consists in dividing the mucous membrane and some of the fibres of the sphincter muscle with a knife. The object is to divide the filament of

nerve involved, and, at the same time to put the parts in a complete state of rest. If the nerve-filament is left exposed, all the efforts made by nature towards effecting a cure are frustrated, because every time it is touched by the passage of fecal matter of the sphincter it is thrown into spasmodic action, and the reparative process is destroyed. If the nerve is destroyed, and the parts put to sleep, as it were, the fissure is quickly cured. This can be accomplished in two ways. First, by over-distention of the rectum. Introduce your thumbs, back to back, into the rectum, make forcible distention towards the tuber ischii, and carry it to the fullest extent possible. In that manner you will completely paralyze the sphincter, if the distension is done thoroughly, and perfect recovery usually follows. There is some danger, however, attending this operation, for you may lacerate the mucous membrane, or you may rupture some vein of considerable size which may give rise to troublesome hemorrhage. Such accidents are not common, but they may occur. The second way in which the nerve filament in the fissure can be destroyed and the parts put at rest, is by means of a cutting operation. In performing this you should always remove the little enlargement of papillæ which so commonly is present by the side of the fissure, for if you do not, the chances are that your operation will be a failure. The operation itself is very simple, and consists in this. Put the parts upon a stretch by introducing a speculum; the speculum is to be preferred to the fingers. When the parts have been moderately tense, simply draw your knife through the base of the fissure, and divide a few of the fibres of the sphincter muscle; it is not necessary to divide the muscle completely, but simply a few fibres. In this manner you divide the ulcerated mucous membrane, the irritated filament of nerve, and more or less of the fibres of the sphincter below, so that the parts are placed at rest. All that is necessary in the way of after-treatment is, to keep the patient in bed a day or two, and keep the bowels quiet. Be-

fore permitting the bowels to move, it is well to give an enema of sweet oil, or some gentle laxative.

FISTULA AND FISSURE.

You will recollect I told you that in some cases the integument by the side of the fissure would be inflamed and cedematous, and perhaps to such an extent as to give it the appearance of an inflamed external hemorrhoid. This irritation and inflammation may go on until an abscess is developed. Such an abscess will burst, and when you make an examination it may be found that there is a small fistula formed. The point to which I wish to direct your attention is this: if you are not thorough in your examination, you may operate on the fistula only, and the patient will probably be cured of it, but the same agonizing pain will continue to be experienced after every evacuation from the bowels, simply because the fissures are present, and the question will arise—how are they to be managed? It is not necessary to divide them all, for if one is thoroughly divided, the sphincter will be placed at rest, and the others will heal very readily.

CORNEAL ULCERS.

By I. R. L. HARDISTY, M.D., of Wheeling, West Virginia.

In giving expression to a few thoughts and observations on the pathology and treatment of ulcerations of the cornea, it is not my intention to go into detail or to particularize, to any great extent, the varieties of this most important and painful disease. The characteristics of all ulcers of the cornea are similar, as regards treatment, except so far, it may be, as the sthenic or asthenic condition of the patient may modify it. The ulceration of this most composite membrane—having no blood vessels distributed to its substance, renders the process of repair slow and uncertain, often lasting weeks and months. A large number of cases of ulceration are from traumatic causes, from foreign bodies driven into the substance

of the tissue. One source that has come under my immediate observation, is that of hot cinders thrown off from railroad locomotives, striking the cornea. Chemical irritants are also causes, and among these are strong eye lotions. Eutropium and trichiasis or turnings in of the cilia against the cornea, are also causes; all these may be denominated traumatic causes.

Phlyctenae are by no means confined to the conjunctiva scleroticae, but often much within the corneal tissue; and when we consider the peculiar anatomy of this structure, we are led to believe the inflammation producing them is an extension between the epithelial and the lamina anterior. In this form they may be observed containing a serous fluid. In their primitive state, where we have phlyctenular formations, the walls of the vesicles burst, or give way, when the primitive ulcer is established with sharp edges covered with purulent or mucopurulent matter. I have observed another form where there is little or no inflammation; a small nodule is observed, the surface of which is, after a little time, denuded of its epithelium, and an ulcer is developed. When the ulcer is centrally located, the intervening space between it and the sclerotica is clear. This space is sometimes apt to take on an inflammatory condition, forming a limited superficial keratitis; or inflammation of the cornea may not occur; the ulcer is then situated in clear corneal tissue, and has the appearance as if a small piece had been excised. This is the simplest of all corneal ulcers, and is usually confined to the conjunctival covering.

Should resolution not speedily occur, and the anterior elastic lamina become involved, undergoing inflammation and ulceration, opening up the true corneal lamina, we have one of two phenomena: the ulcer either extends its base, and sloughings of the substance of the cornea occurs, or penetrating into its deep structure, threatens perforation of the anterior chamber.

Ulcers of this character are surrounded

by more or less opacity, which is due to the inflammation of the parts near the ulceration, or an attempt of nature to limit or circumscribe the disease by a deposit of plastic lymph. Ulcers presenting irregular or serrated edges are usually more liable to extend, and at the same time continue to penetrate into the deep substance of the tissue until the posterior elastic lamina is reached, when we have either ulcerative corneal staphyloma, or perforation with a discharge of the aqueous fluid, when a prolapse of the iris follows. In all cases of corneal ulceration more or less febrile excitement is present; and where there is persistence in the course of the disease, the patient is usually prostrated by pain and loss of sleep. In treating these cases I have observed that the patient is comparatively free from pain during the pain, but is sure to have great pain about the brow and in the eyeballs at some period during the night, which is only relieved by the use of opium in some form. Great intolerance of light with blepharospasm is usually present, and it is often with great difficulty that we can obtain a good view of the condition of the eye. In the treatment of corneal ulcers, I am often reminded of a stereotyped expression of the late Prof. Thomas D. Muller, formerly Professor of Surgery in the Jefferson Medical College, Philadelphia: "Gentlemen of the graduating class, be careful what you do." It is of the utmost importance that the greatest care should be observed. The great danger lies in attempting too much.

I have seen strong lotions of nitrate of silver applied, also the solid stick rubbed into a primary ulcer. There are special reasons why lotions composed of argt. nitras, sul. zinc, acetate of lead, and all salts that are rendered insoluble when they come in contact with conjunctival mucus, or the tears, should not be used; as, when nit. of silver, coming in contact with the tears, an insoluble chloride of silver is precipitated upon the ulcerated surfaces, and, remaining, is covered with cicatricial issue, thereby producing an indelible leucoma. So we may have like

results from the use of all salts which decompose and form an insoluble precipitate when in contact with tears.

The first indication is to limit the ulceration and to relieve the pain. By reducing the vascularity we diminish the secretion of the aqueous fluid, and thereby relieve the intra-ocular pressure. I universally use a strong solution of neutral sulphate of atropia, three or four grains to the ounce of distilled water, and where a slight stimulation is necessary, I add two or three grains of sulphate of alumina, which is not insoluble in chloride of sodium. I order this lotion to be dropped into the eye every three or four hours, and in the interim, apply a piece of court plaster to keep the lids at rest. All pressure on the eyeball should be avoided, and no bandages applied. Febrile excitement should be met by the usual means. In the most obstinate cases I have found the warm bath, taken daily, most efficacious; and where there is a strumous diathesis, I order the following:

R.—Ferri Sulphas.....Gr. cxxviii.
Potassium Iod.....Gr. lxxxvi.
Syrup.....Oz iv.

Dissolve the ferri sulphate and potassium in separate parts of the syrup, and mix.

Sig. One teaspoonful three times a day to an adult.

Where there is persistent sloughings or a tendency to perforate the deep cornea lamina, and I at once make paracentesis corneæ and draw off a portion of aqueous fluid. I use a broad needle or a Beers cuneiform cataract knife, and allow a few drops of the aqueous fluid to discharge, and, if necessary, in 24 or 36 hours I repeat the operation, always making my incision in a sound part of the cornea, and immediately close the eyelids with plaster. This operation removes the intra-ocular pressure, and promotes a more healthy circulation in the corneal tissue. I have more satisfactory results from drawing off the aqueous fluid than from stimulating applications to the ulcerated surfaces.

The great danger in ulceration of the

cornea is perforation, followed by either prolapsus of the iris or adhesion of the iris to the cornea, or to the capsule of the lens, or both. Prolapsus is usually more imminent in marginal ulceration than in central. Central prolapsus usually interferes more with vision than marginal, for the reason that in central prolapsus the iris is usually adherent at the pupillary margin, and the opaque cornea surrounding it interferes with whatever space is left; in the marginal the pupil is free, although eccentric; the opacity does not interfere with it.—*St. Louis Med. and Surg. Jour.*

RECTAL ALIMENTATION.

Dr. Austin Flint, in *New York Academy of Medicine*, read an interesting paper upon the above subject. The importance of the subject was regarded as sufficient to suggest the question, To whom belongs the credit of having been the first to resort to this method of sustaining nutrition? The author of the paper was not prepared to answer the question. It was Samuel Hood who first suggested it in the present century—in the year 1822. Up to quite a recent date, rectal alimentation had not been regarded as an important measure for sustaining nutrition; at least, only slight reference had been made to it by writers on practical medicine.

Of late, interest in the subject had been somewhat awakened. It had not been altogether because of want of cases, which might show that life could be sustained wholly by rectal alimentation, that such tardiness in recognizing its value had been developed. Reference was then made to a case in which life was sustained for three consecutive months by this means.

A second case was referred to, in which the following clinical facts were made prominent: it was a case of hæmatemesis; exhaustion and exsanguination were very marked. The patient was supported entirely for three weeks by nutritive injections, and the nutritive material was

restricted to animal broth, which was tolerated in considerable quantities. Occasional doses of laudanum were added to promote sleep. There was no evacuation from the bowels while rectal alimentation was being pursued. There was a spontaneous evacuation from the bowels, small in quantity, soon after returning to nutrition by the mouth, showing that the nutriment introduced into the bowels had been assimilated.

Reference was made to a third case, in which life was sustained one year and three months by rectal alimentation, and during five years the patient had depended almost entirely upon this method of sustaining nutrition.

Still another case was referred to, in which the patient lived one year under the support chiefly of rectal alimentation.

There were clinical facts sufficient to prove that life could be maintained indefinitely in cases in which recovery was possible, that improvement could be secured in cases in which recovery could not reasonably be expected, and increase in the weight of the body could be realized by rectal alimentation.

The subject was further studied under three heads:

1. Indications for its use.
2. Appropriate diet to be employed for this purpose.
3. Certain practical rules to be observed.

Rectal alimentation was indicated in obstructions of the œsophagus, the cardiac or the pyloric extremity of the stomach, sufficient to prevent adequate nutrition. It was also indicated in the treatment of gastric ulcer, hæmatemesis, acute gastritis, persistent irritability of the stomach, certain cases of typhoid fever, certain cases of coma, etc.

The kinds of aliment best constituted to form rectal diet was regarded as an important question.

The physiology of the subject was briefly considered in this connection, and it was not difficult to understand that, although the aliment met with no diges-

tive juices, the secreting glands, which existed in the large intestine in considerable numbers, might take on a vicarious action when the glands of the stomach and small intestine were not excited into activity by the presence of ingesta.

The idea was also advanced that food introduced into the rectum might excite secretion by the gastric and intestinal glands, and in absence of ingesta in those parts of the alimentary canal, the fluid might pass into the large intestine in sufficient quantity to effect digestion there. Whatever the explanation might be, the clinical fact was well established that digestion of aliment, when placed in the rectum, did take place without the aid of agents which affected digestion outside of the body.

A variety of diet was regarded as better than the persistent use of the same kind of food prepared in precisely the same manner. From analogy, it was reasonable to suppose that such agents as had been found to promote digestion outside of the body might be added to the injections with advantage. Further clinical facts upon that point were needed. The articles now used were meat solution, pancreatic emulsion, Liébig's extract of meat, with or without milk, eggs, mutton and chicken broths. A pancreatic meat emulsion was mentioned, made as follows: From five to ten ounces of finely chopped meat were added to fully one-third of that weight of the fresh pancreas of the ox, the fat being removed, and mixed with about five ounces of water; the whole was reduced to the consistence of a thick soup.

It was desirable to determine more accurately the affections and conditions in which rectal alimentation was most available, and whether the range of that form of diet might not be extended. Experimental observations upon healthy human subjects would be of interest, and were required. In the cases which had fallen under Dr. Flint's observation, the nutritive injection had not been carried above the rectum. In cases in which the rectum was or became irritable, one-

half or a pint of milk could be carried up into the colon and be retained without difficulty. The average quantity of material to be employed in this mode of treatment was from three to six ounces, and the intervals between the injections might vary in length from three to six hours. Small quantities of some preparation of opium might be added to the injection, if they were not well tolerated. It remained to be settled whether or not opium had the same influence upon rectal as upon gastric digestion—namely, to impair it. Preparatory to the beginning of the treatment, the bowels should be emptied either by means of enemata, or by a laxative given by the mouth. As a substitute for drink, when necessary, simple water may be thrown into the bowel, and the surface of the body freely sponged. Alcoholics and medicines might be added to the nutritive injections, or they might be given separately, or they might be used hypodermically. At first, nutritive injections might not be retained, but if persisted in, they would soon be well tolerated. On the other hand, in some cases they were well tolerated at first, but after a time they were not retained. In such cases it was well to stop them for a short time, when they could probably be renewed with success. It was not thought necessary to wash out the rectum each time prior to using the administration of the nutritive injection. The nutritive injection should be tepid. Firm pressure should be made over the anus with a sponge or towel, until the desire to remove the injection had passed away. If the nutritive injections met the requirements of the case, there would follow a sense of comfort and satisfaction the same as after taking a meal in the ordinary way.—*Medical Record*.

UNUSUAL ACTION OF ANÆSTHETICS.

Dr. Keyser, in the *Medical and Surgical Reporter*, remarks:

During the course of a number of years

study in Europe, I was present and assisted in the administration of chloroform very many times, in the various clinics and hospitals; and since my return home to this city I have had considerable experience with chloroform, ether, and bichloride of methylene, as anæsthetics, in my hospital clinics, as well as in private practice; the following cases have come under my observation, all of which I have no doubt can be authenticated by the experience of others as soon as the interest in compiling such cases is aroused.

In relating the cases I will present, first, those of peculiar hallucinations; second, as to the retention of consciousness during the operation without feeling pain; third, as to anæsthesia while asleep, without awakening.

While I was attending Prof. von Graef's clinic, in Berlin, a young lady of about 19 years came in, for the operation of neurotomy of the supra-orbital nerve. It was necessary to anæsthetize her, chloroform being used. During which act, in the presence of the class, she passed through all the actions and emotions of coition. Dr. von Graefe called attention to this, as one of the effects, at times of inhaling chloroform, and advised the necessity of having several present when chloroform was administered to the opposite sex.

In my clinic in the Wills Eye Hospital, in 1874, a female of seventeen years of age came to me to be operated on for strabismus convergens. She wished to be etherized, so as to prevent her feeling any pain. During the administration of the anæsthetic by the house surgeon, in the presence of several visiting students and physicians, as well as the regular clinic assistants, she, after a few minutes' inhalation, began talking in the most lascivious manner, accompanied with all the actions and emotions of sexual intercourse; and when coming out from under the deep anæsthesia, after the operation, the same hallucination and actions possessed her. When free from its influence she claimed that one of the assistants had had sexual intercourse with her.

This idea was given up, however, after being assured that such was not the case, and of the number present at the operation. Some one must have mentioned the whole or part of the affair to her, for on her appearance at the next clinic day she very modestly apologized to me for her actions, saying, "that she could not help it, as she knew nothing at the time."

In the spring of 1876, I was obliged to etherize a young lady, so that I could make the operation of tearing loose posterior synechia, and during the inhalation, which was administered by my friend, Dr. Frank Fisher, her eyes became uncovered for a moment, in which time she opened them and looked staringly and frightened at me, as I sat by her side holding the pulse. She struggled to get away, and attempted to scream. Her eyes were at once covered, and the ether pushed to complete anaesthesia. After coming out from under its influence, she told the young lady, friend with whom she was staying, and who was present at the operation, that "I had turned into a wild cat; she was positive of it." For ten days she was so impressed with this delusion that she would not look at me, and it was with difficulty that I could treat the eye.

In relation to the second question, "Can there be retention of consciousness during the operation, without feeling pain?" the following two cases will show that such can be.

In the summer of 1863, while I was assisting Dr. Hensey in the surgical wards of the Citizen's Hospital (Bürger-pital,) in Berne, Switzerland, a case of amputation of the leg at the lower third of the femur was made on a gentleman of that city, in which it was necessary to administer an anaesthetic. After inhaling chloroform for a few minutes he lost all feeling, but continued to converse with Dr. Hensey, and told him to go on with the operation, but before doing so prop him up, so that he could see the whole affair. He looked at the operation very quietly, and denied feeling the least pain, nor did he show in the least that he experienced any.

In April, 1871, in my clinic in the Philadelphia Eye and Ear Infirmary, I made an operation for shrinkage of a staphylomatous eyeball, on a lady of thirty-five years of age, who, after inhaling a mixture of chloroform and ether a few minutes, lost all feeling, but not consciousness, and the operation was made without the least sensation of pain, as assured me by the patient, who remained perfectly quiet, and answered promptly every question that I put to her. The anaesthetic was administered by my assistants, Drs. J. W. Millick, D. C. Lloyd and W. F. Church, in the presence of several students who were attending my clinic and lectures at the time.

To the third question, "Can one be anaesthetized during sleep without awakening?" the following will show:

July 26th, 1876, I was called to Lebanon, Pa., to enucleate the eyeball of a boy, who had received, twenty-three days previously, some shot in his face, from a gun, one of which had penetrated the eye, destroying it. When I arrived, his father said that his son had just fallen asleep a few minutes before, and asked if he should awaken him. I at once proposed to Drs. Light, Lineaweaver and Gilford, of that place, who were present, that we should not awaken him, but try to etherize him while asleep. We went up quietly into the room; Dr. Light took the towel, on which ether had been poured, and approached him gently and slowly, I renewing the ether from time to time, until the cloth was applied immediately over the face, and thus he was put completely under the influence of the anaesthetic without his waking up; he making only a slight roll over from one side to the other. He was then carried out into the adjoining room, in which the operation was to be made, laid on a settee arranged for that purpose, and the eyeball removed. He did not wake up from the time he went to sleep on his mother's bed, before I arrived, until after the operation was completely finished; and then he came to himself with the remark, "Let my eye alone."

Hoping that you may be the means of

drawing this needed information together as a safe-guard for the future, I remain, yours truly.

EITHER BIENNIS IN MU- COUS INFLAMMATIONS.

BY JAMES F. SULLIVAN, M.D.

EITHER BIENNIS, or Evening Primrose, which is indigenous to nearly all parts of the United States, possesses valuable properties as a mild sedative and alternative in many diseased conditions of mucous surfaces, especially the gastric, intestinal and vesical. It is useful in some forms of dyspepsia, particularly those accompanied by an irritable state of the stomach and of the bladder, as indicated by frequent vomiting and micturition. Having prescribed the remedy for eight years, I have been able to carefully note its effects, and am convinced it will be an important addition to our list of medicines. A brief history of a few cases will best illustrate its action.

Case 1. A man, aged 26, of active habits, had dyspepsia for five years. His most distressing symptom was an almost constant pain in the region of the bladder, with frequent micturition. He had been treated in various ways without benefit, and was more than once sounded for stone. He was given half a drachm of fluid extract of *EITHER BIENNIS* with a drachm of tincture cinchona comp. in water, just before meals, with immediate and permanent relief.

Case 2. A gentleman, who had been a dyspeptic for many years, had suffered, especially from frequent vomiting of food, distress after eating, and restlessness at night, which was aggravated by a desire to urinate. Half a drachm of the fluid extract, just before eating and at bedtime, promptly checked the vomiting, allayed the irritability of the bladder, and gave him refreshing rest at night.

Case 3. Mr. M., aged 40, while convalescing from typhoid fever, was attack-

ed with an obstinate dysentery with severe tenesmus and frequent discharges of bloody mucus. For five days the disease resisted every known remedy, including anodyne enemata, calomel and opium, turpentine emulsion, etc. All other treatment was then discontinued, and twenty-five drops of fluid extract of *EITHER BIENNIS* was given every three hours. The dysenteric discharges entirely ceased after the second dose, and the patient had a natural fecal discharge within twelve hours.

Dr. N. S. Davis of Chicago, has recently found valuable results from this remedy (*Quarterly Abstract of Medical Science*, February, 1877). He says: "From my own clinical observation I am inclined to regard it as a mild but efficient sedative to nervous sensibility, acting more especially on the pneumogastric nerve."

Its chief value, I believe, will be found in typhoid fever, to the treatment of which it is peculiarly adapted by its soothing action upon the intestinal mucous surface. I am convinced that it essentially modifies the inflammatory condition which precedes ulceration of Peyer's patches, and that its use may frequently prevent ulceration. The usual dose in typhoid fevers is from fifteen to thirty drops every three hours. There is no danger of an overdose, and I have known a tablespoonful of the fluid extract to be given every two hours, by mistake, till two ounces had been taken. In that case it seemed to revive the patient, after the manner of a stimulant, and I am not sure that it might not be advantageously given in large doses in some cases. The fluid extract of *EITHER BIENNIS* is not incompatible in mixtures with any other medicine. Its flavor resembles that of cold tea, and it is acceptable to any condition of the stomach. It appears to be well worthy the attention of the profession, and the writer would be pleased to learn the results of its use in the hands of other practitioners.—*Pacific Medical Journal*.

CASE IN PRACTICE.

By T. BROOKWAY, M.D., Pine Meadow, Conn.

I was called, on the morning of October 20, 1877, to visit the daughter of Mr. James Forbes, of this place. The child had swallowed a small copper cent two days previous to my being called. The coin had been lost some three weeks, and lain upon the ground that length of time before the child swallowed it. The usual remedy (oil) was given the child by its parents; evacuations followed, but the coin was not found. The mother gave more oil on the next day, and free evacuations followed, but the coin was still missing. At night, the child retired with its father, and was restless through the night; passed its urine involuntarily, which was something new for the child to do.

On the following morning, the child was bright, and feeling as well as usual. At the breakfast table, the first complaint came from the child, which was of a pain in its stomach. The family thought it the result of the oil, and asked the child if it wished the vessel, but it declined. A few moments more elapsed, and it again complained, and at this time did have an evacuation from the bowels, but the coin was not found.

The morning meal being through, the father went to his employment; the child retired from the table, and was looking from the window, when it called to its mother and exclaimed, "I am cross-eyed," and the next moment could not see. It was at this stage of the case that I was called. I hastened to the house, and found the child in the following condition: it lay upon its back, its eyes open and fixed; respiration had ceased; the tongue protruded over the teeth, and was swollen; the lips and tongue were of a deep blue color, and the body generally looking blue; the fingers were clenched in the hand, not with the thumb in the palm, but like a cramp. The child drew its chin on one side twice after I reached the house, not gasping, but simply a

movement of the lower jaw. Before I reached the house, the child's clothes were loosened, and friction used over the stomach and abdomen, but the child could not bear it, and, as the lady expressed it, she acted like a worm on a hot stove. I could find no pulse when I reached the house; nothing but the fingers clenched indicated any spasmodic action. The extremities were cold and thoroughly relaxed, with the exception of the fingers. No discoloration under finger-nails.

The family, thinking the coin was still retained in the child, desired a *post-mortem* examination, which I performed the next day. I first dissected the stomach, which was found in the following condition: it was partially filled with a liquid, looking like milk and water. The lining membrane was contracted, and looked of a deep bronze color. The discoloration was deeper as it reached the pylorus. No inflammatory action about the stomach, nor the pyloric orifice. Nothing inflammatory about the duodenum. The small intestines showed inflammation and putrefaction through their whole extent, which, in my opinion, was caused by the passage of the coin. The coin was not found by the examination, but found in the privy vault. It was brought to me with the debris still upon it from the privy. I cleansed it, and found portions of it, as though it had been in acid. I concluded the coin was deeply corroded before the child swallowed it.

I find the homoeopathic provings of cuprum give this child's symptoms exactly, and I could not but pronounce the case one of copper poisoning. The length of time from the first complaint at the table until the death of the child was scarcely three-fourths of an hour.

Now, as this case is the first one of the kind I have ever had, or heard of, I report it for publication, and hope for information in regard to it—especially the cause of no pain, and still the amount of inflammation. Did the copper produce paralysis of the bowels?—*Es. Med. Journal*.

ATLANTA MEDICO-CHIRURGICAL ASSOCIATION.

The above association met on Friday night, the 8th instant, Dr. G. G. Crawford in the chair.

On the call for report of cases, Dr. T. S. Powell stated that he had read a very interesting paper by Dr. L. P. Yandell, Jr., Professor of Clinical Medicine and Therapeutics in the University of Louisville, on "Malaria and Struma; their Relation to the Etiology of Skin Diseases," in which paper the distinguished author contends that "Malaria is the chief source of acute skin diseases, and that scrofula is the chief source of chronic skin diseases." Dr. P. stated that while he was not prepared to endorse fully all of the results of Dr. Yandell's clinical experience upon this subject, it afforded him pleasure to say that he had for twenty years treated many forms of skin disease with the idea that they were caused by malaria, and had observed the fact that they were more amenable to quinine and iron than to other remedies. Hence he was disposed to regard Dr. Yandell's theory as highly probable. He referred to several cases of recent date in his practice as confirming the malarial origin of skin affections. The first was a child nine years old, who had been declining in health for a year or more, and had been variously treated for dropsy, rheumatism, etc. She became sallow, feeble, and finally anæmic. During this time she was a dancing scholar, and danced frequently until exhausted. After this there appeared a hemorrhage from the bladder and an eruption upon the skin. The hemorrhage has recurred at intervals, and the eruption is more plainly marked immediately after exercising. The question now arises, did the general bad health and anæmic condition result from latent malaria, as well, also, the eruption and hemorrhage—the undue exercise and over-heating being the exciting cause which developed the symptoms?

Dr. P. stated that he could cite other cases tending to confirm Dr. Yandell's

theory, but only desired at present to bring to the notice of the Association this new theory relating to the influence of malaria and struma in the production of skin diseases. He concluded by asking the views of members as to the possibility of malaria producing acute skin diseases, as it does affections of other organs and tissues. If Dr. Yandell's theory is true, it is highly important that it be known to the profession, as calculated to facilitate greatly the investigation and diagnosis of these affections, and to open the way for more direct and efficient results in their treatment.

Dr. A. R. Alley replied to Dr. Powell that he had not seen Dr. Yandell's paper, but thought the theory of the malarious origin of skin diseases was strange and untenable, because, in malarial districts, where the generation of this toxical agent occurs, we have an array of symptoms well marked and decided, characteristic of its effects, to-wit: chills and fever and their sequence. He had not noticed, when practicing in malarial belts, skin diseases produced by this poison. He held that all skin affections were the result of a hereditary diathesis, either strumous or syphilitic, or some peculiar, unexplained condition of the system. Could we reasonably say that the eruption of measles and scarlatina, known to be the result of a peculiar and specific poison, were produced by malaria?

Dr. Powell replied that Dr. Yandell did not hold that miasm was the sole cause of skin diseases, but that he regarded it a chief source of acute skin diseases. He admitted that many had special causes, and that a variety of causes might produce eruptive affections. Some of these were perhaps merely exciting causes, malaria being the remote cause. The question, then, is, can malaria be the chief cause of acute skin diseases?

Dr. J. J. Knott did not regard the cases reported by Dr. P. as necessarily indicating the miasmatic source of skin affections. He thought that more had been put upon the shoulders of malaria than was justly due. He believed that

derangement of the alimentary canal was the most frequent cause of eruptive diseases. Remedies directed to the improvement of the secretions, and the general health, would be likely to benefit eruptive diseases. Hence the good resulting from iron and quinine in the cases mentioned.

Dr. R. C. Word stated that he had not read the views of Dr. Yandell, but was satisfied that malaria was the cause of many diseased conditions which we were not accustomed to attribute to it. In this climate, particularly, it is potent for evil, and the phases which it assumed were numerous. The theory of Dr. Yandell was a novel one, but by no means improbable. He had recently treated a case of seeming paralysis in a child three years old. The child was scarcely able to stand or walk—the eyes were at times crossed with other spasmodic symptoms, and the paralytic condition was more strongly marked on one side of the body. Supposing that these symptoms were due to reflex irritation from worms, he commenced the treatment with vermifuges, but no worms were discharged. Noticed that there was a somewhat feverish and restless condition in the afternoon and at night, which occurred regularly. Learned that about four weeks previous an eruption had existed, supposed to be chicken-pox, but had disappeared a short while before the paralysis was developed. On learning these facts, he commenced the use of quinine, from which time the improvement was marked and rapid, the febrile exacerbations ceased, and the child soon regained the use of its limbs.

That malaria was the prime, perhaps the sole agent in producing the varied and peculiar symptoms of this case, there can be little doubt.

Dr. Roach stated that the theory of the malarious origin of skin affections, was new to him. He thought scrofula and syphilis were productive of skin diseases. In the case mentioned by Dr. Word, he did not think the eruption was due to malaria.

Dr. C. L. Olmstead said his experi-

ence was limited, and he could not speak from observation, but if the blood was affected by malaria, as all admit, and if the skin is nourished and affected by the blood, as other tissues are, he could see no reason why it might not also become diseased from malaria, as other organs are.

TABLE FOR CALCULATING THE PERIOD OF UTERO-GESTATION.

NINE CALENDAR MONTHS.		DAYS	10 LUN. M'THS	DAYS
From	To		To	
January . . 1	September 30	273	October . . . 7	280
February . 1	October . 31	272	November . 7	280
March . . . 1	Nov. . . . 30	275	December . 6	280
April 1	Dec. . . . 31	276	January . . . 5	280
May 1	January 31	278	February . . 4	280
June 1	February 28	278	March 7	280
July 1	March . . 31	274	Apr 6	280
August . . . 1	April . . . 30	278	May 7	280
September 1	May . . . 31	278	June 7	280
October . . 1	June . . . 30	278	July 7	280
November 1	July . . . 31	278	August . . . 7	280
December 1	August . 31	274	September . 6	280

The above obstetric "Ready Reckoner" consists of two columns, one of Calendar the other of Luna months, and may be read as follows: A patient has ceased to menstruate on the 1st of July; her confinement may be expected at soonest about the 31st of March (the end of nine calendar months); or at latest, on the 6th of April (the end of ten Luna months). Another has ceased to menstruate on the 20th of January; her confinement may be expected on the 30th of September, plus 20 days (the end of nine calendar months) at soonest; or on the 7th of October (the end of ten Luna months), at latest.—*Lindsay & Blakiston's Visiting List.*

FOR ENLARGED LIVER.

Use the nitro mariatic bath as described by Eberle, or may find it in U. S. Dispensatory, and give internally, Iodide of Potassium and Ext. of Taraxicum.

A GOOD LIVER PILL:

R—Podophyllin gr. iv
Capsicum gr. iv
Folv. Rhei gr. xv

For twelve pills. One every other night.

ABSTRACTS AND GLEANINGS.

GRAVES' DISEASE.

The University Dispensary has been particularly rich in cases of Graves' disease. Upon one occasion, last spring, I was able to bring five thoroughly marked cases of this affection before you, three of which occurred in boys. The patient today is a sewing girl, 20 years old, and a resident of this city. Some years ago, she had a severe attack of erysipelas; she has suffered, as long as she can remember, from palpitation of the heart, and has always been easily fatigued. Her monthlies have lately been irregular; in fact, she has not menstruated at all for the past three months. There has been much leucorrhœa and pain in the back. The girl probably has some uterine disease, and is of a highly nervous temperament. Her thyroid gland is enlarged, and there is a very slight thyroid thrill. There is no exophthalmia, however.

Graves' disease occurs most frequently in females of a pronounced nervous temperament. It may occur, however, in the male. The causes which produce this disease are anxiety, overwork, improper food, and insufficient clothing. In females, the predisposing cause is very frequently some uterine disorder.

The prominent symptoms are protrusion of the eyeballs or exophthalmia, enlargement of the thyroid gland, and disturbed cardiac action. To these is often added marked anæmia. The degree to which these symptoms exist varies in different cases. The exophthalmia and goitre may be exceedingly marked, or scarcely perceptible. The disturbance of the heart's action is generally functional and very marked, with an exceedingly rapid pulse, and sometimes a musical, systolic, blowing murmur, due to anæmia.

Let us consider the symptoms separately: First. As regards the enlargement of the thyroid gland; as a rule, both lobes

are equally affected. The thyroid gland is highly vascular, and the arteries leading to it are very tortuous. When, then, there is violent arterial over-action, we should be prepared to find pulsation and thrill over the gland. The nature of the thyroid enlargement points strongly to the view that it is due to a dilated and enlarged condition of the vessels.

The exophthalmia is so extreme in some cases that the globes of the eyes can not be covered by the lids, and it becomes necessary to protect them from injury by exposure to air and dust. This exophthalmia seems to be due to the distention of the vessels of the post-ocular tissues, with perhaps, some hypertrophy of the cellulo-fatty tissues behind the globe. The disturbance of the heart's action is usually the earliest and frequently the most constant of the symptoms. There is very rarely any organic disease at first, though hypertrophy may subsequently supervene. If there is anæmia coexistent, it is not unusual to find anæmic murmurs at the base of the heart.

In looking for a common cause for the three symptoms above mentioned, it is probably to be found in a morbid condition, with enfeebled activity of the cervical ganglia of the sympathetic and of the cardiac plexus of nerves. In a few cases actual lesions of the nervous ganglia have been found. There are a few special symptoms occasionally present, which can be explained in the same manner, such as sudden flushing of the face, with violent throbbing of vessels, and sensations of fulness, or vertigo; local unilateral sweatings about the head; local modifications in nutrition, such as irregularities in the growth of hair, etc.

The diagnosis of Graves' disease can present but few difficulties if attention be paid to the characteristic features above noted. It is really a very curable affec-

tion in many instances, provided it come under treatment at an early stage, and the hygienic conditions can be rendered favorable. Even when cure can not be effected, the troublesome symptoms can be held in check.

In the treatment, care must be had in the removal of the causes, and in securing rest, good food, change of scene, and entire release from anxieties. The various functions must be attended to, and any local disorder in females removed by suitable treatment. The best remedies are iron, digitalis, ergot, and bromide of potassium. Digitalis is the most valuable remedy for controlling the functional disturbance of the heart. It may be given in doses of from ten to fifteen drops, three to four times daily. Iron is also very useful. I shall order this patient from ten to thirty minims of dialysed iron, three to four times daily. The iron may be combined with the digitalis. Ergot may be given internally, with a view to influencing the contractility of the walls of the arteries. I have obtained most excellent results from the injection of diluted ergotina into the substance of the enlarged thyroid gland. The needle may be introduced to the depth of half an inch, and from six to ten minims of a solution, containing ninety-six grains of ergotina to one fluid ounce of distilled water, injected. Bromide of potassium is frequently called for, partly on account of the general nervous condition, but chiefly to assist the digitalis, or ergot, in controlling the irregular action of the heart and arteries.—*Medical and Surgical Reporter.*

[These iodide of iron would seem to be indicated in this condition—Iodoform and iron, Iron quinine and strychnia—Iodide potass. with com. Tinc. gëtian, etc.—ED. RECORD.]

LISTER'S ANTISEPTIC METHOD.

M. Schuppert, M. D., in charge of the New Orleans Charity Hospital, says in the *New Orleans Medical and Surgical Journal*:

"From what I had seen in a few of the

larger hospitals, in Germany, I stated in the publication mentioned, that a revolution had taken place in one of the most important departments of surgery, and I prognosticated with the speedy downfall of the old methods of treating wounds, and the general acceptance of Lister's antiseptic method, a new era in surgical practice, although this method was yet in its infancy, and the number of surgeons a small one who were then ready to confess its superiority over all other methods. One of the great obstacles in the way of a more extensive adoption of the teachings of the distinguished Scotchman, lays in the idea, that this treatment was based upon a theory to which many surgeons were then opposed. Yet Lister himself did not insist upon the adoption of any theory in advancing his method. He had, by a succession of trials, finally come to recommend his empirical treatment, which, according to the experience of Prof. Volkmann, in Halle, promised results at that time unheard of in surgical practice, and surpassing even the keenest expectations.

"From what I had seen, and from the statements of that trustworthy professional expert—statements corroborated by hundreds of eye-witnesses—it could not longer be a doubtful issue with me to prognosticate the final universal adoption of these revolutionary ideas. What I had predicted to come to pass has thus been fulfilled in extenso.

"Amongst the surgeons in Germany, at least, there is at present but one voice, and that is in favor of Lister's antiseptic treatment of wounds. Slowly it has also broken ground in England and in Italy, and even France begins to be heard of. At the time I visited Paris, in 1875, the name of Lister and his antiseptic treatment were things unknown in the Lariboisiere, a res innotata at the once celebrated Hotel Dieu. Shall it be said of this, our country, that it is behind others, and slow in urging the necessity of the general adoption of the antiseptic method? Besides the security which this method renders to limb and life, the almost exceptional good results it promises in treat-

ing the most dangerous injuries of joints, the protection it guarantees against accidental wound diseases, pyæmic, septicæmic and diphtheritic fevers, the safety it offers against inflammatory conditions so often associated with large wounds, it proffers also the prospect of healing wounds by first intention, be it even wounds of the largest size, as in flap or circular amputations. Next to the security, it exhibits the shortening of the time to a patient's final recovery. Are not these virtues sufficient to make its general adoption an unconditional necessity, and ought not the surgeon to be held morally (if not legally) responsible for every life lost, if he neglects to adopt those principles which guarantee such a successful and safe issue?

"It cannot be denied, that under other and quite different treatment also good results are occasionally obtained, yet they will not stand a proper scrutiny. Such results are accidental, obtained under favorable conditions, which if absent would have had quite a different issue; whereas in Lister's antiseptic treatment, we recognize those virtues which promise the propitious results under all, even the most adverse circumstances. Who would have the hardihood to perform the operation of tracheotomy, for instance, in a room where diphtheritic wound diseases were present, or perform any other operation in the presence of hospital gangrene, erysipelas, or other diseases, their dangerous effluvia towards wounds being amply known? Yet under the protecting folds of Lister's antiseptic method, we may even expose our patients without the risk of an infection, if only its directions are strictly adhered to, but to the minutest prescriptions. A great error is occasionally committed in changing one or the other element composing Lister's method. What do we not hear called an antiseptic treatment? Some believe that if they only stuff the wounds with so-called antiseptic materials as jute, or are using carbolic acid (mixed with oil, not knowing that the oil neutralizes to a great extent the antiseptic effects of the phenol);

others think that if they cover the wounds with antiseptic gauze, all requirements of an antiseptis have been fulfilled. Even in Germany, some prominent surgeons had thought proper to leave out one or the other element composing Lister's method, as, for instance, the spray, building up a theory of their own about the efficiency or non-efficiency of one or the other material; yet it is known, that not one of them has as yet arrived at the astonishing results of Prof. Volkmann, of Halle, and most of them have returned to the original proper 'Listering.'"

TREATMENT OF CHRONIC GONORRHOEA.

Dr. Gschirhagl (*Vierteljahresschrift f. Dermatol. und Syphilis*, 1878, No. 4). Since the endoscope has rendered the urethral lining accessible to inspection, the topical treatment of chronic gonorrhoea has assumed a more rational basis. The remedy can be applied to the very spot we wish to treat; we can dispense with indiscriminate injections, and the uncertainty of bougies smeared over with ointments. The solid caustic need be used but in exceptional cases, because we can employ the remedy in a milder form; we can use it as a solution applied by means of a camel's hair brush. This method has been employed with success by Tarnowsky, Grinfeld, and Fenger; and Dr. G. has also employed it in the past two years. The apparatus necessary for this topical medication, consists of the urethroscope, a metallic catheter with its beak cut off, and a set screw at the other end, an obturator to fit in the catheter, a camel's hair brush set in a long, spiral wire, and a small syringe.

After the exact location of the ulcer, granulations, or swelling of the urethral membrane has been ascertained with the urethroscope, the catheter, with the obturator securely fastened by the screw, is introduced as far as the diseased spot. While the catheter is held in this position, the obturator is withdrawn, and the previously moistened camel's hair brush passed in instead. The medicine is then dropped from the syringe into the cathe-

ter; it will run down the tube, collect above the brush, and soak into the latter. This done, the catheter must be withdrawn a little in order to get the brush on the diseased surface; and, finally, the brush can be rotated if the extent of the disease demands it. The application done, the brush is drawn back into the catheter, and both are withdrawn from the urethra. The remedies oftenest used are silver nitrate (5 to 10 grs. solution) and aluminaated copper (10 grs.—*Chicago Medical Journal*.

WARTS.

In the American Dermatological Association, Dr. White said that his method of treating warts was, after paring them down, to have them moistened, and pulverized muriate of ammonia to be applied, as much as will adhere. In the case of molluscum he had had the remedy bored into the masses with a stick moistened and dipped in the same.

Dr. Hardaway had treated ordinary warts successfully by means of electrolysis; transfixing the base with a needle attached to the negative pole, and placing the positive in the hand of the patient, he passed a current from two or three cells through it, for several successive days.

Dr. Fox had not given much treatment to his cases of molluscum; where they were cut off for microscopic examination he had thrust a stick of nitrate of silver into the base. This he considered the best treatment.

Dr. Duhring had met with molluscum contagiosum several times in private practice, but it was a rare disease among the upper classes in Philadelphia; many of the gentlemen present had seen it only among the lower classes of society.

Dr. Wigglesworth had himself had molluscum contagiosum in half a dozen scattered tubercles, which began to appear about two weeks after squeezing the contents from the tubercles on a case of this disease; he was, however, skeptical in regard to the contagiousness of the disease in question.

ERYSIPELAS TREATED BY SILICATE OF SODA.

Alwarenga reports that he has used this soluble glass in forty-eight cases of erysipelas with good and rapid effect. The cases, which were of all forms of the disease, disappeared; on an average, in four days and twenty-two hours, whereas ordinary cases run a course of eight or nine days. The material is first neutralized with an alkali, if it has an acid reaction, and is then diluted with seven or eight times its weight of water. The parts affected are to be painted with the preparation daily, morning and evening, which is allowed to dry upon the skin. After four or five days, when the fever, redness and swelling have disappeared, the substance is removed by laying cloths wet with emulsion of sweet almonds upon the parts. Applied to the sound skin, the silicate produces the sensation of cold, contraction of its tissues, and lowering of its temperature.—*Il Raccoglitore Med.*, 1877.

URTICARIA AND QUININE.

Dr. J. H. Claiborne, of Petersburg, Virginia, alluding to a report of three cases of eruption attributed to quinia, which were published in the *New York Medical Record*, writes that such instances are not at all uncommon in his section of Virginia—Tide-water Virginia. In a communication to the above named paper, he says: "Such cases have certainly not been unusual in my practice for the last twenty years; and for a long time, misled by the statements and opinions of the patients themselves, I attributed this urticaria myself to the quinine administered. I remarked, however, after treating quite a number of cases, that this urticaria not only always appeared in malarious districts, but generally in old intermittent fever patients, and that it observed a periodicity corresponding with the variety of intermittent to which the patient had been most subject—quotidian, tertian or quartan—and that it supplemented the paroxysm, recurring, in other words, on the day and at the hour when

the patient ordinarily had his chill. I at once concluded that the quinine, instead of being the cause, should be the cure of the malady; that the fault, after all, lay, as usual, with the *ingesta*, and that after cleaning up the *prima viæ*, and preparing the way for the proper absorption of the quinine, I should find the base an antidote. I invariably, thereafter, commenced the treatment with a moderate dose of calomel, bicarb. of soda, and Dover's powder—the latter being almost always rendered necessary by the state of general discomfort and irritation in which I found the patient; and, after a gentle catharsis, gave quinine in appropriate doses, and at such intervals as the expected return of the paroxysm required. If there were much irritability of stomach, I added a little opium and creosote to the quinine pills, and have yet to see the patient who discovered that he was taking the much-dreaded alkaloid, however much he proclaimed the idiosyncrasy which prevented his taking it.—*Drug Circular*.

NEW METHOD OF REDUCING DISLOCATIONS OF THE SHOULDER.

In the *Gazette Medicale de Paris* (quoted in the *Paris Medicale*, March 9, 1876), Dr. Kahn, of Elbeuf, describes a new method of reducing dislocations of the shoulder. He calls attention to the fact that there is a loss of force, due to the scapula following the traction made on the humerus in the method ordinarily employed to reduce luxations of the shoulder point. He claims, on the contrary, that by making humerus the fixed point, and reducing the scapula, there is no loss of power, and the resistance of those powerful muscles, the pectoralis major and latissimus dorsi, is obviated. With a passing reference to anesthetics, and the prejudice which some practitioners entertain against their use, he proceeds to the *modus operandi*. A wedge-shaped cushion is placed in the axilla, the base of the wedge being downward; the surgeon, standing at the patient's side, lightly draws the arm down-

ward, and at the same time presses it firmly against the pad in the axilla, so as to make it into a lever of the first kind; then, taking the interior angle of the scapula in the other hand, he raises that bone and gives it a saw motion. Coaptation soon follows, the two parts returning to their natural position by a simultaneous effort made on the lower extremity of the humerus and the inferior angle of the scapula. If the head of the humerus be displaced forward, the angle of the scapula should be directed outward at the same time that it is raised. It should be directed inward if the dislocation be backward. If any difficulty be experienced in making the reduction, the task of holding and directing the arm should be confided to an assistant.—*Ec. Med. and Surg. Jour.*

HEMORRHOIDS.

A. J. Howe, M.D., in *Eclectic Medical Journal*, says: Within the past six months I have treated six cases of hemorrhoids by the injecting method. At first I employed carbolized oil, but now I find that carbolized water does just as well. With a hypodermic syringe I have thrown into each prominent pile tumor a fluid drachm or less of a dilute solution of carbolic acid—say eight parts of water to one of the former. The operative procedure produces a stinging pain for a few minutes, yet the discomfort is not great. A certain amount of soreness has to be endured for three or four days, when the real work of repair begins, and the reparative action continues until the injected tumor vanishes. It will hasten the desired result in some instances, if a second or even third injection be employed, especially if the recuperative action be sluggish. One injection will do in favorable cases.

If the hemorrhoids be of the internal variety, and have to be forced down by straining, as at stool, there will generally be two or three compartments of the extruded mass that need injecting; and the result, though good, is not so satisfactory

as is obtained from the injection of external hemorrhoids.

While the cure is going on the anal folds may be rubbed daily with coeoline or almost any cooling and soothing unguent. Stramonium ointment is an excellent application in most cases. The patient need not necessarily be laid up a day, though a degree of soreness will be experienced for two or three days.

The internal use of small doses of sulphur hastens the curative process, for the agent renders the stools soft and pasty. Either looseness or constipation of the bowels aggravates piles.

VIBURNUM.

Dr. DeCrow, in *Scudder's Journal*, remarks:

Of viburnum I claim it to be a specific to prevent habitual abortion or miscarriage, also, to arrest it at whatever stage before the fourth month and after, if the membranes are not ruptured and the amniotic fluid is not discharged. It has never failed in my practice to carry my patient to full term of gestation who has aborted frequently before, I prescribe R.—Tinct. Viburnum Prun., dr. j: aqua pura, oz. iv. M. Teaspoonful every 5 hours. Continue medicine until after seventh month.

To prevent a threatened miscarriage I use an infusion, oz. j of the green bark off the root carefully dried, or green when I can get it, to Oj of boiling water; steep for thirty minutes; tablespoonful every 15 to 30 minutes until relieved of uterine pains, then every 30 to 60 minutes for 24 to 36 hours, owing to the condition of my patient. I administer nothing else unless there is severe lumbar pains, then I give R.—Tinct. Macrotys, dra. ss; Water, oz. iv. M. Teaspoonful every hour, keeping my patient in a recumbent position for a day or two.

I say again, it is the specific in abortion or miscarriage if properly prepared and used. Not only in abortion have I found it a valuable remedy, but in the treatment of diseases of the reproductive organs of the female. In dysmenorrhœa

with deficient menses, uterine colic, in ladies who at the menstrual period have such severe lumbar and bearing down uterine pains, I have found it a most excellent remedy. In these cases I use the specific tincture, varying my dose from grs. ss to oz. ij., water dra. iv., a teaspoonful every half hour, owing to the severity of my case. I should not like to practice without Viburnum close at hand.

SHALL MEDICAL WITNESSES RECEIVE A PROPER COMPENSTION?

Dr. Thomas J. Dill, of Fort Wayne, Ind., has had a controversy with the courts of his city, and came off second best. He was called to testify in a case of supposed rape. In regard to matters of fact he testified so far as he knew, but when asked his opinion in regard to certain matters, he refused to testify unless paid such equivalent for the service as he was in the habit of charging in his office. The Judge sent him to jail for contempt of court. He was brought from the jail on a writ of habeas corpus, and the writ was argued before the same Judge, it is said, who of course sustained his former ruling, and remanded the prisoner to the sheriff. Dr. Dill, thinking it better to give his opinion than remain in jail, gave the required testimony and was released from custody. A fellow physician of Dr. Dill's was compelled to testify under similar circumstances. The Allen County Medical Society have taken steps to make this a test case before the supreme court, and have called upon other county societies for pecuniary assistance.—*The American Practitioner*.

ELEPHANTIASIS OF THE PENIS.

Duffy gives the notes of quite a remarkable case. The patient (the age is not reported, nor is it stated whether he was white or black) was apparently in robust health, and had never had any disease of the genitalia. Two weeks before, the penis had become erect, and had so remained, without interval of relaxation, up to the time he came under notice. At that date the organ was of

average size, and exhibited no symptoms of disease other than the persistent erection. Although the penis was not painful, either at this time nor at any subsequent period, it was in such a hyperæsthetic condition that all moving had to be avoided. At the end of two weeks the erection was still present, and the organ had increased in size. Half way between the corona glandis and symphysis pubis the circumference measured seven inches. The circumference at this point was greater than elsewhere, the organ having a somewhat spindle form. After this the penis increased rapidly in volume, growing equally in all its parts. The skin soon became so distended and tense, that to avoid a rupture a lateral longitudinal incision was made on either side. In three months the circumference of the organ measured twelve inches, at which time it was amputated by the loop of the galvano-cautery applied closely to the pubis. The stump healed kindly.—*Phil. Med. Times*, 1876.

AMERICAN GUM ARABIC.

The mesquite gum of Western Texas is almost identical with gum arabic. During the past year it has become an article of export, some 12,000 pounds having been gathered in Bexar county, and as much more between that and the coast. This gum exudes from the stem and branches of the mesquite, a mimosa, several species of which grow in Texas, New Mexico, and Arizona.—*St. Louis Med. Jour.*

UMBILICAL HERNIA.

Dr. Cleveland reported a case of umbilical hernia, occurring in a very fleshy woman, æt. 57. The case was reported on account of the apparent success of aspiration, which, in the hands of most surgeons, has been unsatisfactory. The strangulation had existed twenty-four hours before council was called in.

Vomiting continued in the meantime, and severe pain at the seat of the tumor.

The patient was kept under the influence of opium for about twenty-four hours,

and ice constantly applied, without success; then he determined to aspirate.

The needle was introduced into the tumor, and fluid and gas escaped, causing the tumor to be softer. A number of punctures were made in the surrounding cellular tissues, allowing considerable serum to escape. Slight manipulation was again resorted to, but failed to relieve the strangulation; ice was reapplied.

In about one and a half hours the tumor disappeared, and the patient was entirely relieved. The ice was, of course, an important agent in the case, but the aspirator apparently facilitated the reduction.—*Clinic.*

INSTANTANEOUS CURE OF HYDROCELE.

Dr. Macario, of Nice, contributes to *L'Abcille Médicale* some interesting cases treated by electro-puncture. In the first case, two needles were plunged into the tumor, one at the base and the other at the apex. On connecting the needles the pain was such that the patient refused to continue treatment. Nevertheless, the next day the liquid had disappeared, and had not returned at the end of nine years. In the next case absorption was even more rapid, a tumor the size of two fists, dating from fifteen months, having vanished in the evening after a single sitting of one minute. Dr. M. has also reported to the Institute several other cases treated, some by electro-puncture, others by simple induced currents, and it is more than fifteen years since he first recommended this method, which has been followed by several others with considerable success.—*St. Louis Med. and Surg. Jour.*

TRACHEOTOMY.

Prof. Johnston, of the University of Maryland, in Baltimore Clinical Society, says of the method for performing this operation:

I would only remark that I prefer, and have always performed the operation taught me by Chassaignac, which is done by first securing the larynx by passing a tenaculum, grooved upon its convexity,

under the cricoid cartilage, after the median cutaneous incision. Then, bearing the trachea, a pointed knife is made to penetrate the trachea by following the groove in the tenaculum-director; next a blunt-pointed knife enlarges the tracheal opening, cutting the rings downwards; after this, Trousseau's dilatator opens the slit; and the operation is completed by the introduction of a canula. Trousseau's double canula has had numerous rivals; but Durham's canula, which I now use almost exclusively, is, in my estimation, the very best which has yet been given to the profession.—*Maryland Med. Jour.*

Excessive lactation in nursing women is often one of the most difficult complications which we encounter in practice. It is not only unpleasant and painful, but frequently debilitating to the mother. An obstinate case of this character is mentioned by Reban (*Præglad lekerakt*), in which frequent catharsis, with the internal administration of iron and quinia, failed to diminish the amount of milk. At the end of one month, during which the iodide of iron, quinia, and salicylic acid were given, and the induction current used, the amount of milk secreted was just one-third the previous quantity, and both mammae were diminished in size. In two months, the woman had regained her former strength. The reporter of the *Allg. Med. Central Zeitung*, in commenting on this case, expresses the opinion that ergotin, either by the mouth or subcutaneously, would have produced the same results in a much shorter space of time.—*The Clinic*, Jan. 19, 1878.

GUTTA PERCHA TISSUE.

Dr. Chamberlain gives an account, in the *New York Medical Record*, of a superior gutta percha tissue, which is rolled out as thin as fine French writing paper, being almost transparent, with a satiny luster. It is unaffected by the heat of the body, but softens at a somewhat higher heat. It is insoluble in water, but soluble in ether, chloroform, and alcohol. It is especially suited for wounds or lesions

of the hands, forming a neat, light, clean, impervious dressing, allowing the hands to be put into water. Adhesion of cut surfaces and resolution of infiltrated deposits take place very quickly and kindly. If a broad patch of the skin is to be shielded from the air—e.g., a scalded surface or a patch of eczema—a piece of the tissue somewhat larger is laid on the surface, and sealed in position by tracing the margin with a camel's-hair pencil dipped in chloroform, precisely as a covering-glass to a microscope-slide is adjusted.

COTA BARK IN DIARRHOEA AND RHEUMATISM.

This new bark, from Bolivia, is said, by Professor Giete, of Munich, to be a specific against diarrhoea in its most diverse forms. He administers it in doses of 0.5 gramme of the fine powder four or six times a day. Of the tincture, he usually gives ten minims every two hours. In Bolivia, whence the plant was sent, it is regarded as a remedy against rheumatism and gout.—*Virginia Med. Monthly*.

FOLICULAR STOMATITIS.

Symptoms.—Difficulty of sucking; abundant flow of saliva, sub-maxillary glands tumid and tender; restlessness and fever; loss of appetite; diarrhoea, with offensive motions; small vesicles on inside of mouth, on tongue and fauces. Vesicles burst and form ulcers, which are covered with dirty white or yellowish sloughs.

Treatment.—Application with a camel's hair pencil of borax and glycerine; mild tonics; carbonate of magnesia; chlorate of potash; attention to the milk supplied to the child; beef tea.—*Tanner*.

PHOSPHIDE OF ZINC IN HYSTERIA.

Dr. E. W. Gros speaks of a case of long continued hysteria cured in five days by phosphide of zinc, from one to two-fifteenths of a grain in granules having been given with food thrice daily.

PRACTICAL NOTES AND FORMULÆ.

DISEASES OF THE TEETH, and their influence on Diseases of the Human System.—By O. E. Newton, M.D., Cincinnati, O.

It is true this subject interests, perhaps, more the dentist than the physician; but there are many cases which will be more successfully treated if a full knowledge of the relation of diseased teeth to the surrounding tissue is had. For instance, you will often find a severe neuralgic condition will be the result of some abscess at the root of the tooth, or some exposed nerve in a cavity of a tooth. You may have an ulcerated opening from the bottom of the alveolar cavity under a tooth, allowing a disease of the antrum hiemoreanum, attended with a deep, severe pain, with swelling of the face, when by removing this tooth and injecting a stimulating fluid through the alveolar opening, a cure will be effected. There will often be such phosphatic deposit around the gum and about the base of the teeth and snags—in the form of tartar—as to afford a sufficient poisonous odor, which, when continuously inhaled, will be a cause of diseased action so as to prevent you being able to cure the case without the mouth be put in a more cleanly condition.

A Case in Practice.—Some years ago a country lady became my patient, who remained in the city for treatment for an indolent ulcer upon the front of the upper arm, at about its middle. I laughed at the failure of other physicians to cure it. Among others who tried to cure it, was a distinguished Cincinnati surgeon, who had had a three months' siege at it. I treated the case for two weeks without the least benefit. One day while laughing at some remark I made, I noticed a bad condition of her mouth, filled with decayed snags, covered with tartar, producing an offensive secretion. A dentist

cleaned her mouth, and in two weeks more, with the same treatment previously used, the case was discharged, cured.

This case was always a lesson of advice to me to look at the mouth when examining any chronic case of disease.

GODFREY'S CORDIAL.

Tinct. opium.....	1½ pints.
Molasses.....	16 "
Alcohol.....	2 "
Water.....	26 "
Carb. potassium.....	2½ ounces
Oil sassafras.....	½ ounce.

Dissolve the carbonate of potassium in the water; add the molasses, and heat over the fire until they simmer. Take off the scum which rises, and add the laudinum and sassafras, having previously mixed them well together.

CONDITION POWDER FOR HORSES.

Powdered black antimony.....	4 ounces
Powdered East India ginger.....	
Powdered nitrate of potassium.....	
Powdered sulphur.....	
Bi-carbonate soda.....	as 8 ounces
Glauber's salt.....	12 ounces

M. Dose—one tablespoonful to a pound of feed.

The above preparation for horses has come into such general use in the country that it is well for the practitioner to know what it is.

A VERY popular nerve and bone liniment is prepared as follows:

Aqua ammonia.....	1 ounce
Olive oil.....	2 ounces
Camphorated oil.....	1 ounce
Oil rosemary.....	½ ounce

NEW PHYSIOLOGICAL PROPERTY OF STRYCHNIA.

It is asserted that strychnia, by increasing the arterial pressure, increases the secretion of the mammary glands in some cases as much as fifteen-fold.

CHILBLAINS.

R.—Colloidion..... dr. vj.
Tr. ferri chloridi..... dr. ij.
Oil ricini..... dr. v.

Paint with a camel's hair pencil two or three times a day.

HYSTERIA.

Dr. Dabney, of Virginia, advises the following as an excellent combination for hysteria:

R.—Tinc. cinchona bark..... ss. ij.
Tinc. sax vomica.....
Borate phosphoric acid..... ss. ss.

S. Dose, half a teaspoonful three times a day.

EXCELLENT PODOPHYLLIN PILL.

R.—Podophyllin.....
Ext. hyosciami..... ss gr. iij.
Saponis..... gr. ivss.
Syrup simp..... gtt. vj.
Div. in pil. No. xii.

Dose, one to two pills.—*West. Lancet.*

BLACK HAIR DYE WITHOUT SILVER.

The following is said to give a good and natural-looking dye, free from the caustic action of silver salts and the poisonous effects of lead compounds. Two preparations are needed:

No. 1.

Citrate of bismuth..... 1 ounce.
Rose water..... 2 ounces.
Distilled water..... 2 ounces.
Alcohol..... 5 drachms.
Ammonia, sufficient.

No. 2.

Hydrosulphate of soda..... 12 drachms.
Distilled water..... 4 ounces.

Each solution is to be applied separately.—*Drug. Circular.*

SYR. CITRATE OF IRON AND QUINIA.

The above is an admirable preparation in chronic ague and other low states of the system. It is prepared as follows:

R.—Citrate of iron and quinia,..... gr. xxii.
Syrup, warm..... ss. iv.
Dissolve by trituration.

Dose, one to three drachms.

CYANIDE OF ZINC.

Dr. W. F. Barr, of Virginia, writes: "In the July number, 1876, of *THE SOUTHERN MEDICAL RECORD*, p. 437, is published an item on "The Cyanides in Acute Articular Rheumatism, by M. Luton's method: one and one-half grains daily of Cyanide of zinc." In the November number, 1877, p. 305, I notice a selection that Dr. Luton gives the following in "rheumatism and neuralgia," sciatica, etc.:

"R.—Zinc cyanide..... grs. iij.
Aq. distillata..... dr. viis.
Mix.—Mulg. acacia..... dr. iv.

Dose—One Tablespoonful every hour. Shake well before using."

Will it do to give such doses of cyanide of zinc every hour? Is there no misprint? If there should be a mistake about the dose, I think that it should be corrected, for there are so many physicians—*too many*—who prescribe by formulas—let others do their thinking for them.

[The above formula was given as we found it. We agree with our friend that the dose is too large. A teaspoonful of the mixture would be sufficient, and should not be so frequently given.—*Ed.*]

SACCHARATED CALOMEL.

At the request of a medical friend, we reproduce the formula of saccharated calomel:

R.—Calomel..... grs. x.
Loaf sugar..... grs. xl.
Triturate thoroughly and divide in powders No. xx.

Calomel triturated with sugar is very greatly increased in its purgative action, probably due to the minute division of its molecules. It has been asserted that this increased power of the remedy results from the formation of corrosive sublimate through chemical action. We are disposed to doubt this, yet it may be well not to use the article too freely. Certain it is, that very minute quantities of calomel in this shape acts with promptness and efficiency.

ARSENICAL PASTE.

Amongst the various caustic preparations used for the destruction of malignant tumors, arsenic is perhaps the most relied upon.

A variety of pastes have been devised for this purpose, with the use of which Cancer Doctors have obtained more or less celebrity. Arsenic possesses the peculiar property of not destroying the healthy tissues.

Cosme's paste, as modified by Hebra, is regarded as the best form of preparing it.

R.—Acidi Arseniosi.....grs. xx.
Hydrarg. sulphuret, rub.....dr. j.
Ungt. simplici.....oj.
M. Ft. Ungt.

This is used by spreading upon a cloth and applying to the part every day, occasionally suspending and detaching the rochar by poulticing. It is a very painful process.

TURPENTINE IN TYPHOID FEVER.

The following formula for the administration of turpentine has acquired great celebrity in the Dublin hospital:

R.—Terebinthinae olei
Liquoris potasse.....aa dr. ij.
Mucilag. acaciae.....dr. iv.
Syrupi papaveris albi,
Syrupi Ferri auranti.....aa os. i.
Aqua camph. q. s. ad.....os. viij.

Fiat misiura—Dose, a tablespoonful every four hours, shaking the bottle.

DALBY'S CARMINATIVE.

R.—Carb. magnesia.....40 grains.
Oil of peppermint.....1 drop.
Oil of anise.....3 drops.
Tinc. of castor.....30 drops.
Tinc. asafoetida.....15 drops.
Tinc. Opium.....5 drops.
Essence pennyroyal.....15 drops.
Com. tinc. cardamon.....30 drops.
Peppermint water.....2 ounces.

Rub the oils with the magnesia, then add the peppermint water and the rest of the ingredients. Shake and give 20 to 40 drops to relieve colic and flatulence in children.

ELIX. OF VALERIAN.

R.—Aromatic elixir.....15j oz.
Fluid ext. valerian.....4 oz.
Mix. Dose, one to two drachms.

YELLOW WASH.

R.—Corrosive sublimate.....18 grains.
Lime water.....10 ounces.
Mix.

DIABETES.

A writer in *Eclectic Medical Journal*, recommends *Lycopus Virginicus*, (or bugleweed) as a remedy of unusual efficacy in diabetes:

R.—*Lycopus Virginicus*, bugleweed.
Make an infusion of the fresh plant about one ounce to a pint of hot water. Dose, a tablespoonful four or five times daily.

MENORRHAGIA.

Dr. Racebowski's remedy of Paris is the following:

R.—Iron by hydrogen.....dr. j.
Extract of nux vomica.....grs xii.
Mucilage gum arabic.....q s
Divide into sixty pills.

From two to four morning and evening, for chlorotic young girls whose menstruation is too profuse.—*Naphey*.

CHURCHILL'S TINC. IODINE.

R.—Tinc. Iodinali
Acid Carboli. liq.....aa 1 part
Hydrate Chloral.....2 parts

This preparation is caustic, and has been used in ulcerations of the os uteri.

A SUBSTITUTE FOR LITMUS PAPER.

As a substitute for ordinary test paper, Dr. E. Luck draws attention to a new substance, phenol-phtalein, which may be easily prepared by heating phenol with phtalic anhydride and concentrated sulphuric acid. This body is entirely colorless in neutral or acid solutions, but exhibits an intense purple color in the presence of the least excess of alkali. The change of color is instantaneous, and its depth intense, so that even mere traces of the indicator and of an alkali become recognizable.—*Med. Reporter*.

SCIENTIFIC ITEMS.

MEDICAL PROGRESS IN 1877.

The London *Lancet* devotes a large portion of a recent issue to a very full summary of the advances made in medicine and surgery during the year just closed. Of these, the most important are the following: M. Paul Bert has published an extensive work on the effect of variations of pressure on the body, and he shows that the observed effects of diminished pressure are exclusively due to a diminution in the tension of the oxygen in the air, and consequent predisposition to asphyxia; while, on the contrary, increase of pressure up to three atmospheres occasions more active intra-organic changes, and when the pressure reaches five atmospheres, the oxidizing processes either cease or become modified in such a way as to be inconsistent with the maintenance of life. Guttman, Frickler, and Oertmann have demonstrated that the absorption of oxygen is independent of the mechanical acts of respiration. Richet has determined that, when perfectly fresh, the gastric juice contains only mineral acids, but that, after standing for some time, a kind of fermentation is set up, in which much free organic acid is formed that, on analysis, proved to be lactic acid. It is believed to be beyond doubt that lactic, as well as butyric and acetic acids, are often either introduced into the stomach or are formed in it as a product of fermentation.

Color of the Retina.—By far the most interesting discovery of the year in physiology is that made by Boll, that the retina possesses, in health, a peculiar red color, which is constantly being destroyed by the influence of light, and is as constantly being regenerated by the ordinary processes of nutrition. The "vision red," or "erythopain," as its discoverer names it, attains its maximum after a night's rest and sleep, or when an animal has

been kept for some hours in darkness; it is soluble in solutions of the biliary acids and in glycerin, and probably plays a part in the production of the red reflection from the fundus of the eye seen on ophthalmoscopic examination, as well as in all probability in the ordinary acts of vision.

Etiology of Infectious Diseases.—The most important progress in the department of pathology is that toward the establishment and diffusion of the opinion that minute organisms are concerned in the progress of acute infectious diseases. Chauveau has shown that the horse is peculiarly receptive of the vaccine virus, and is capable of reproducing it in remarkable purity and force.—*Scientific American*.

ELECTRIC LIGHT is in its infancy yet. So far, it has only been found advantageous for lighting large buildings, like public halls, railway depots, machine shops, etc. It has not yet been adapted to the requirements of private houses. The modern appliances for producing electricity, and transforming it into light, cannot be intelligibly described without drawings and illustrations.—*Druggists' Circular*.

LIQUEFACTION OF GASES.

Professor Tyndall received a telegram from Professor Pictet, of Geneva, that he had succeeded in liquefying oxygen by means of extreme cold and pressure. Carbonic acid gas has been both liquefied and solidified. Both hydrogen and nitrogen have been liquefied, and on Monday, December 31, 1877, in the presence of three members of the institute, the liquefaction of atmospheric air was accomplished.

EDITORIAL AND MISCELLANEOUS.

☞ All communications relating to the business of *THE RECORD*, for the years 1877 and 1878, must be addressed to DR. R. C. WORD, Managing Editor Southern Medical Record, Atlanta, Ga.

☞ Brief and practical communications are solicited on all subjects pertaining to medicine; also reports of cases in practice.

☞ Send money by check, postal order or registered letter.

☞ Write your name, post-office, county and State plainly.

CROWDED.

It is a general remark that the professions are crowded. This we know to be the case with ours—the time-honored medical profession. This condition of things is not a subject of congratulation. It lowers the dignity of the calling. It brings hardships and trials to many good men who have missed other opportunities by missing their vocations. Of the legion of young men who are annually embarking in medical study, but few are mentally fitted for the undertaking. Not because of a want of education, perseverance or energy, but because they blindly seek to enter a profession for the duties and responsibilities of which they are unfitted by reason of inherent unadaptability. Nature never mistakes. She never makes a doctor out of a farmer or a mechanic, and when young men fly in her face, endeavoring to turn her from her course in this special case, they surely and inevitably fail—fail in the profession, and fail in acquiring a support for themselves and their families.

We would discourage young men from entering the professions. They are so crowded that even there is no room at the top. They are so crowded that the effort to exist subjects them to a pressure of temptation to do wrong, almost irresistible. Quackery and quacks abound on every side from this cause. A living must be had, if not by honest means, then at all hazards. For this reason the ethics of the profession has lost its power and is trampled in the dust.

In the United States there is one physician for every 600 inhabitants—a proportion greater, by far, than any other country on the globe. We have more laws, more colleges, more poor, perishing doctors than any other country. We have more quacks, more patent medicines and more general misery in our ranks than in all Europe combined.

It is time for our young men to pause. Let them think. Let our medical brethren help them to think. Tell them the true state of the profession,

and implore them to give their time and talents to other pursuits, and not wreck themselves upon the rocks and quicksands of a "profession" which, however beautifully pictured, (as a mirage) in the future will prove a delusion, and ruinous in the end.

Save them from the temptation to launch themselves on a sea of quackery, and thus to dishonor a calling so illustrious. Save them from want, the cry of starving families, and the sight of misery and rage at home. Save them, that the country, no less than the profession, may be saved. Encourage them to till the soil, to educate the heart, to dignify a noble manhood and follow Providence—Providence, who has no need of a poor doctor, a poor pretender in any calling in life.

ELIZIR GUARANO.

The above article we have found to be an admirable remedy. In one case of nervous headache, in a female who had been subject to most prolonged and obstinate attacks, which being unrelieved, as a rule, by any remedy heretofore used, would continue for days, assuming, after the first day or two, a bilious character, and continuing with vomiting and suffering for a period of two and three weeks, leaving the patient utterly prostrated, by the use of Wyeth's Elizir Guarano. the second day of one of these attacks, she was relieved as by magic, since which time, near twelve months ago, she has kept the remedy in hand, and though often threatened, has in every instance aborted the attack by the use of this preparation. We must confess that the preparations of Wyeth & Co. are not only beautifully gotten up, but are efficient, pure and reliable.

VICK'S FLORAL GUIDE is a very beautiful and interesting monthly journal, illustrated, and devoted to horticultural purposes, flowers, seeds, shrubbery, etc., etc. Floral Guide, quarterly, only 25 cents. Flower and Vegetable Garden, 50 cents. Address

JAMES VICK,
Rochester, N. Y.

ENVY.

It is a lamentable fact that medical men in the same community are more frequently unfriendly and envious of each other than men of other professions. A common source of these troubles between medical gentlemen, we think, may be found in the indiscreet conduct of over-zealous friends, who often express opinions and convey reports which are derogatory to rival practitioners. Medical men should not encourage but discountenance adverse reports touching the character or professional acquirements of medical brethren. For no matter how agreeable to one's vanity to hear disparaging reports of his rival's skill as compared with his own in the end, it is certain that no good will result to either party from these petty dissensions and jealousies. The physician's calling is a noble one, and ought to develop noble and generous impulses as between those who practice it. It were well that the physicians in every community would form medical societies, and come together frequently in free and friendly intercourse, talk over their troubles, report their views and experience, and resolve to sustain and encourage each other in all the social and professional relations of life.

We will go even farther than will perhaps be justified by many who endorse what is said above, and that is, that even those of different schools of practice need not quarrel. While consultations may not be admissible by reason of radical and irreconcilable differences of opinion, yet, it is not inconsistent with the honor of the true physician to tolerate these differences kindly, and to treat with courtesy those who practice systems different from his own.

We here make no assault upon true ethics, but we desire to inculcate liberal and generous sentiments among all those who practice the profession of medicine.

BOOKS AND DRUG MEN:

"I am pleased with the practical character of your journal. Your advertising department is also useful and interesting to many practitioners who read little else besides *The Record*. To get what I want, I have only to see our druggist here, and have him order the articles from the advertising houses. Can I get a good work on midwifery in your city? Your review department is not as full as we would like. Would like to know the new books that come out, and have your opinion as to their merits," etc.

We extract the above from a letter received, be-

cause it verifies what we have often said in regard to the necessity and usefulness of an advertising department in a medical journal, and should furnish a valuable hint to advertisers, especially to druggists and book merchants. We have to confess that our book notices have been somewhat meagre, and we are sorry for it, but if authors of new books, and those who vend them, do not appreciate the importance of these notices in bringing their works before the profession, we can not help it. We notice, however, that certain Northern journals are liberally supplied with these new works for notice, under the impression, we suppose, that physicians in the South, or the readers of Southern journals, do not purchase books. This is a mistake. We have many inquiries like the above, and it would well repay the authors of new works to send them to us for review.

TRIBUTE TO DR. P. F. EVE.

ABINGDON, VA., Dec., 1878.

ABINGDON ACADEMY OF MEDICINE.

At a regular meeting of the Abingdon Academy of Medicine, the unexpected death of PAUL F. EVE, M.D., professor of Operative and Clinical Surgery in the University of Nashville, and the Vanderbilt University, and an Honorary Fellow of the Abingdon Academy of Medicine, was announced. Drs. W. F. Barr and E. M. Campbell were appointed a Committee to report suitable preamble and resolutions on the death of Prof. Eve.

The Committee made the following report:

The Committee appointed to report a preamble and resolutions on the death of Paul F. Eve, M.D., of Nashville, Tenn., beg leave to offer the following report:

Of the distinguished men in medicine and surgery of the nineteenth century, few have occupied a more enviable position than Dr. Paul F. Eve, late professor in the Chair of Operative and Clinical Surgery, in the University of Nashville, and Vanderbilt University. Never obtrusive, his exalted merit attracted an attention almost universal; and judging from the many positions of trust he filled, and always to the fullest satisfaction, few men will be more missed than Dr. Eve. To know the man, was but to admire him, not only for his intrinsic merit as a man, but for his superior knowledge as a surgeon, and his remarkable success in his exalted position in his profession; therefore,

1. *Resolved*, by the Abingdon Academy of Medicine, that we deeply deplore the loss to his country,

the profession and the world, of such a man as Prof. Paul F. Eve, M.D.

2. *Resolved*, That this Association will ever endeavor to emulate the exalted virtues, and the profound professional skill of one so eminent in all that constitutes the character of a good, noble, and generous man.

3. *Resolved*, That a copy of the above preamble and resolutions be furnished the family of the deceased; and also to the *Virginia Medical Monthly*, *Nashville Journal of Medicine and Surgery*, and the *Southern Medical Record*, for publication.

W. F. BARR, M.D.

E. M. CAMPBELL, M.D.

Committee.

ATLANTA MEDICO-CHIRURGICAL ASSOCIATION.—

The officers elected for the above Society for the semi-annual term ending in June next, are as follows:

G. G. Crawford, M.D., President.

H. J. Roach, M.D., 1st Vice-President.

H. B. Lee, M. D., 2d Vice-President.

R. C. Word, M.D., Secretary.

The regular meetings are appointed on the first and third Friday evening of each month, at the office of Dr. J. J. Knott, until such time as a Hall be procured.

THE SAMPLE COPY MAN.

We have to add our testimony to the complaints that have come up from many of our exchanges, that we have been greatly imposed upon by the "sample copy man." For a one cent postal card he procures a journal worth 25 cents, besides the postage, which is two cents on every copy so mailed. We dislike to refuse these calls, but really it is a little too much to expect of us to submit longer to this tax. Our experience has shown that only about one per cent of all the number who have called for sample copies are ever heard from again.

BOOK NOTICES.

MALARIA AND STRUMA IN THEIR RELATION TO THE ETIOLOGY OF SKIN DISEASES; read before the American Dermatological Association at Niagara Falls, September, 1877.

We have read the above paper with great interest. It was prepared by Professor L. P. Yandell, of Louisville, and evinces on the part of the author an active and investigating mind.

Impressed by the interest and practical importance of the subject, we brought the matter to the notice of the Atlanta Medico-Chirurgical Association, and a brief of the discussion which it elicited

may be seen in the present issue of our journal. From the novelty of the theory expounded by Dr. Yandell, and the impromptu character of the remarks made, it would seem that our statement of the views of Dr. Yandell was to some extent misunderstood by certain of the disputants. Our statement of the case was in substance the same as that of the learned author himself, to-wit: "Malaria is the chief source of acute skin disease. Scrofula is the chief source of chronic skin disease. The more inveterate cases of skin disease are often due to the existence of these two things." The subject of the pamphlet we regard as important, and well worthy the attention of the profession.

THE DRUGGIST'S HAND-BOOK OF PRIVATE FORMULAS.
By John H. Nelson. Cleveland, Ohio, 1878.

The above is a neat little volume of about 200 pages, designed "to place before every druggist reliable formulas for preparing well known medicines not given in the U. S. Dispensatory. These preparations—elixirs, emulsions, medicated syrups, wines, etc., have become so universal that there is scarcely a druggist who does not have more or less sale for them, and to be enabled to prepare them is not only a source of satisfaction, but is also very desirable on account of the increase of profits." The book must prove useful, not only to druggists, but to physicians who are under the necessity of preparing their own medicines.

HIGHER MEDICAL EDUCATION: The True Interests of the Public and of the Profession. An Address Introductory to the 112th Course of Lectures in the Medical Department of the University of Pennsylvania. October, 1877.

This is a very interesting address on the subject of medical education. The author takes high ground, and asserts "that the time has arrived when both the profession and the public are prepared to demand that reforms—yes, extensive reforms—shall be made in the American system of medical education."

MECHANISM OF JOINTS. By Harrison Allen, M.D., Professor of Comparative Anatomy and Zoology in the University of Pennsylvania, etc., extracted from the *Transactions of the International Medical Congress*. September, 1877.

A paper of considerable interest and practical importance.

RECEIPTS.

N J Long, H Perdue, A W Mann, I H Goss, J C Wallace, John Riches, Jno Vandergriff, S W Batten, J S Bacon, Joseph Underwood, W J Lee, L K Branch, J B Foster, S B Wall, D R Fox, W W Ward, H Allison, I H Wysong, G F Taylor, Preston Pond, J I Groover, John Slaughter, Lewis Hadden, J Deltworth, O F Rogers, M L Barron, T S Roach, B M Bledsoe, J W Unger, R H Lee, W T Kendall, W H Russell, W B Williamson, R E Hutchins, McCabe & Lanier, J E G Terrell, B B Doyle, J H Calfee, W H Calfee, T J Jones, W P Lawton, J R Johnson, S Y T Carter, W T Mathes, B H Hale, A H Sellers.

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EDITORS:


THOMAS S. POWELL, M. D.

W. T. GOLDSMITH, M. D.

R. C. WORD, M. D.

R. C. WORD, M. D., Managing Editor.

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ORIGINAL AND SELECTED ARTICLES.

TREATMENT OF HEMOR- RHOIDS.

BY L. Q. LINCEUM, OF TEXAS.

I send you some experiments in the treatment of piles and constipation, and some thoughts on diet.

From long experience, tobacco surpasses all other applications in the treatment of piles. If the inflammation and pain be very urgent, it is best to reduce it with an alkaline wash at the beginning; for this purpose I use the caustic potassa, in proportion of one grain of the caustic to two ounces of soft water (or bicarb. soda dr. i. to oz. i. aqua). Sometimes the pile tumors are turned out, and so much inflamed, and so extremely irritable, that the patient cannot bear the touch of anything on them. Use light-corded bats of cotton, wet with the cold alkaline wash, and at first let the wash drip on the tumors from the cotton until the tumors

are wet; continue it until the irritation is reduced a little, then lay the wet cotton on the tumor, gently pressing it down with the hand. After a short time, re-wet and re-apply the cotton again and again, until the patient complains of stinging or smarting from the alkali; then wash it off with the cotton wet in clear, cold water two or three times, after which a bat of cotton, or a soft rag, well wet with an infusion of tobacco, may be laid on the pile tumors, and let it remain ten or fifteen minutes. But if the patient sickens, or complains of any pains, or gripings of the bowels, before the fifteen minutes expire, the tobacco must be washed off with warm water, and an effort made to press the pile back into the bowel, if practicable. The tobacco produces no irritation, but has a soothing effect. With some patients, however, when too freely applied, it nauseates the stomach, and produces severe griping of the bowels. To guard against these unpleasant symp-

toms, the patient must be watched, and at the first indication of the sick stomach, griping, or giddiness, the tobacco must be removed. If the pile tumors cannot be returned then, wait awhile and apply the tobacco again; it will not require many experiments before the patient will learn how long he can bear it, and how often to apply it. There is no necessity for griping and sickening the patient. If properly managed, it may be applied often in the course of the day without any disagreeable symptoms at all.

After the hemorrhoidal tumors have been returned, the tobacco may be used occasionally in the form of suppositories. Take an ordinary quid of tobacco, wet and soften it with warm water, roll it in a proper form, and then introduce into the anus with the finger. The time for performing this operation should be at the time of going to stool. It will soon produce an action from the bowels.

No person having the piles should ever take purgative medicine. He may so use the tobacco suppositories as to do away with the *supposed* necessity for purging medicines altogether. Should the tobacco suppositories fail to evacuate the bowels, the patient must resort to the use of the warm water enemata. Cathartics are positively inadmissible with pile cases if the intention is to cure them. It must be very obstinate costiveness that tobacco, applied as above directed, cannot relieve. Better wait, eat less, and try the tobacco again, than to drive the blood into the hemorrhoidal vessels with the purges.

When internal piles are throbbing and painful, the tobacco suppository should be applied immediately; it gives instant relief. By prompt application of the tobacco, at the first indication of a returning paroxysm of piles, relief will be certain; and by thus throwing off the paroxysms, from time to time, the parts affected will be gradually restored, until a final cure may be produced. I have known a number of radical cures produced by a careful adherence to the above treatment.

As a general rule, when constipation

occurs, as it does sometimes, in apparent good health, the use of the tobacco suppository will obviate the difficulty in a few minutes. The tobacco may be used for this purpose, day by day, without danger of any kind of constitutional injury, and the patient can, by regular and prompt attention to it daily, at a certain hour, induce regular, habitual action of the bowels, and he will find, after having pretty well established this habitual action of the bowels, and it occurs to him that he has gone over the usual hour without an action, that if he will get the tobacco in hand and start to walk, preparing the suppository as he goes, the peristaltic motion of his bowels will immediately commence, and the desire for an action will become pretty pressing without applying the suppository. He should, nevertheless, apply the tobacco to encourage the habit.

The explanation of the action of the will power upon the involuntary nerves, evidently and distinctly manifested in this case, belongs to another department in the investigation of animal motions. Some people are so completely under the animal control, that after devouring a heavy meal of a variety of dishes, they take a purging bolus as soon as they rise from the table, for fear their stomach will not be able to empty itself in time for them to enjoy the next meal appropriately. After the stomach has been forced to pass its contents downwards, the *patient*, having his hopes set upon the next meal, resorts to a quantity of stimulants to restore, if possible, the flattened feeling of the stomach by the return of that longed-for event, the hour for dinner. Dinner comes at last, and he is happily seated at the table, in a select position for the greatest facilities. He smacks his mouth and casts his fierce eyes around, indicative of much firmness and resolution; his lips are drawn to a straight line across his eager visage, and the work of destruction begins. First process is to sharpen appetite, and calling for vinegar, pickles, and catsups, he goes to work cutting and

slashing. With him, the dinner table is not a place to discuss politics, or any other subject, except such subjects as are spread before him on the table. To him, the dinner hour is an hour of chewing and swallowing. Then comes what he calls the digestive hour, during which time he lies down to sleep. Instead of his *siesta* being the digestive hour, it is in reality the fermentative hour, and he rises from his lounge, swelled almost to the point of explosion, to relieve which he swallows his cathartic bolus, and so on, cramming and blowing out with his purges, all of which he will freely and pleasantly relate to any one that will listen to him; offering it as his plan, which he heartily recommends to his hearers as the best and most approved plan for eating the greatest quantities. He has tried it, and he ought to know. He will conclude with a smile of self-approbation on his greasy countenance, and he really thinks and believes what he says. Meet him out from home at any time, and enquire for his health, his answer will be: "Well, thank God, I am able to eat my allowance with a tolerable good stomach, but I am never to say well. I am troubled with frequent headaches, colic, and the like; also, I have rheumatism at nights, and piles all the time, most awfully. I cannot imagine what is the matter or cause of all this, for it seems like I eat heartily enough. It may be possible that I do not eat enough. I have been trying lately to find a good medicine that will increase my appetite, thinking, maybe, if I could have a stomach to eat more, that my complaints would leave me." All this, too, expressed in tones of earnestness, and such seeming innocence, that he could not be accused of having the slightest idea of the cause of his said aches, pains and hemorrhoids. "And the Lord smote them with emerods."

In all this, there is not a single word from the intellectual department in his organism; it is from the animal group, and out of the pale of reason. We smile at the character described in the above, and yet there is not one in a hundred of

us who does not, to a greater or less extent, represent the said gormandizer. We have all yielded ourselves up to the animal suggestions of the table, until nothing *less* than a painful distention of the stomach will satisfy us. The proof of this statement lies in the fact that you can hardly find a person, male or female, twenty-five years of age, who is not more or less dyspeptic; and I am well assured that if they would confine themselves to one-half the amount they are in the habit of eating, they would have no pains nor aches to complain of, and their mental and physical energies would be so different that they can now form no conception of the change that would follow such a course of dieting.

Nature's operations are noiseless, and when any one feels the slightest degree of flatulency or rumbling in the bowels, he may set it down that he has overcharged the digestive functions, and that to continue the abuse will sooner or later bring on disease of some kind. Most commonly, such impropriety develops itself in the form of dyspepsia, but this energy-destroying disease seldom appears twice in the same garb. It takes on the form of many complaints. They are, however, all eating complaints, and the unfortunate sufferer is always found searching for some kind of food that will suit his case, so that he may eat freely of it without injury. He finds many such articles of food, but in a few days his stomach rejects it too, and for the same reason that has forced him to abandon many other agreeable articles of diet, and that reason was overeating. The rule should be, when he finds a suitable article, to eat very sparingly of it. It takes but little to replenish the system, and every mouthful over that amount does harm, whether the eater is sick or well. To consume a greater quantity of food than is required to sustain the system at a healthy, cheerful pitch, is not only a weakness, but a positive damage to both mental and physical man.

LAMPASAS, TEXAS.

THE DANGER OF USING CHLORAL AND OPIATES ALTERNATELY.

By A. R. KILPATRICK, M.D.

Having seen in the February number of the SOUTHERN MEDICAL RECORD, an article by S. S. Shields, M. D., detailing his experience in the use of chloral hydrate before or after the administration of preparations of opium, and his request to hear from other practitioners on the subject, I improve the opportunity by writing this answer. I have long known the very same alarming effects and action of these medicines, as detailed by Dr. Shields. If he had seen the cases I have, he could not have given a better description than the one in the RECORD. Repetition is useless on this occasion. But in the treatment of the cases here, no battery was used, yet the patients recovered. In addition to the frictions, stimulating liniments, etc., the patients' heads were lowered and the blood made to gravitate to the brain, which seemed to produce the most decided beneficial impression. Also their mouths were opened and tongues depressed, while artificial or mechanical respiration was kept up.

My experience is altogether such as to disallow the use of chloral *after* opiates have been taken, or *vice versa*. There seems to be no bad effects where they are given *together* at the same time, but rather a more pleasant and certain soothing and hypnotic effect. Why this is so, is left for further experience to ascertain. Seeing the alarming effects of chloral, has caused practitioners here to use it with caution, or, as some do, let it alone.

Several years ago, I heard of a physician of considerable celebrity, using it in preference to chloroform when about to operate on a young man for strabismus. The physicians who were invited to assist in the operation, tried to persuade him to use chloroform, but he persisted, because he said he had less fear of the chloral, and had used it repeatedly in surgical operations.

The patient was excited and the operator kept giving chloral in unknown quantities, when the anæsthetic effects were suddenly developed in a most alarming manner; and the operator, being a pious man, in his alarm and trepidation, proposed they should all join him in prayer; but one of the assistants said, "it was no time to pray, but work like——to save the boy's life!" And by energetic measures he was saved—though as by fire.

Not many months after that, the same party was about to operate for fistula in ano, and insisted on using chloral, although the patient plead and remonstrated; he gave it in very large, unmeasured quantities, and the recuperative energies of the man, who was past the prime of life, were insufficient to save him, although all was done which could be, as no preparation had been made to combat any wrong doing of the medicine, and the patient died before the operation was begun. As Dr. Shields said, the alarming condition of the patient supervenes suddenly, unexpectedly and with the most serious gravity. It is a very uncertain medicine in its action, varying in every case, varying in the same patient in apparently the same pathological conditions. I have used chloroform since 1848, in almost every conceivable case, and have not seen any fatal results, and seldom any alarming results. Persons using chloral should be very particular in procuring a pure article, as it is probable that some of the unfavorable results arise from using an impure specimen.

NAVASOTA, Texas.

EXTENSIVE COMMUNUTED FRACTURE OF THE LEG—TREATED WITHOUT SPLINTS

By Z. B. HENDON, M.D., of Va.

On the 27th of April, 1870, Mr. B., aged 65, was one of the victims of the capitol disaster in this city. Besides being severely bruised in other respects, his right leg was so badly crushed, from the ankle to a point about two inches below

the knee, that in lifting the limb with the hands it would bend like a bag of bran. There were several distinct and complete fractures.

The question of amputation, of course, arose, but the age of the patient and the great amount of shock, prevented surgical interference. With but little hope of benefit, every attention was given to personal comfort. The limb was placed, for the night, on a pillow, which was tied around it, and stimulants directed.

The next day, a box of bran was substituted. For some days this was continued, but the weather being warm, and frequent changes so necessary, (such change causing the patient great discomfort), the box was laid aside, and a strip of cloth about 18 inches long, and wide enough to extend from the knee to the foot, was placed under the limb, and its sides fastened by small hooks to the strips of wood, which were suspended by a rope over a pulley attached to the top of the bed.

By this method the limb could be raised or lowered by the patient himself much to his comfort; and instead of having to remove, daily, heaps of bran saturated with pus, when an abscess formed, a small window was cut into the cloth, through which the abscess was punctured and injected with a solution of carbolic acid, dr. i to water oz. v. Pads, placed against projecting points, kept the limb somewhat in the proper position.

To overcome the exhausting effects of excessive drainage, nourishing food, milk punches, and the muriated tincture of iron, in ten drop doses every three hours, were given.

After some weeks a splint was applied with the hope of better results, but such was the agony of the patient that he cut it loose with his knife. Having escaped death, any sort of a limb was now considered a good compromise; and with a full knowledge of the fact that more than usual deformity would attend recovery, no additional appliance was used.

Close attention was given until the 12th of July. After this the patient be-

gan to ride out, and gradually to walk upon crutches. For several years before his death, (which occurred this spring), he walked two miles to his business with no other aid than that of his walking-cane. A word for *conservative surgery*.

RICHMOND, VA., Dec. 19, 1877.

DUTY OF THE DOCTOR TO THE DYING.

By E. L. SMITH, M.D., of Texas.

In reply to the questions propounded by the Virginia practitioner in your December number relative to the duties of the Doctor to the dying, I have a few succinct and explicit ideas to promulgate. The Doctor, after picturing the heart-rending scenes of his case, asks: "Would it be proper to administer one or two inspirations of chloroform under the circumstances?" I occupy the position that there would have been no immorality in so doing. Now, while I do not profess to be a fatalist, or an over-daring and venturesome practitioner, I make no hesitancy in asserting that the chloroform in the case presented by our medical brother, should have been administered; not with the view of extinguishing life or closing the horrible scene; but with the view of mitigating the excruciating tortures of the hopeless sufferer. Nor is it supposable that in such a case the chloroform, unless carried to extremes, would destroy life, but would only have a palliative influence, enabling the poor sufferer to depart unconscious of mental or physical anguish.

It is well understood that we do not profess to cure the thousand and one ills to which humanity is subject, and that where a cure is impossible it is our province to palliate. By administering chloroform to such a patient as the one spoken of, the practitioner would be guilty of no moral turpitude, and need suffer no remorse, but feel rather a sense of comfort in the reflection that he had bestowed the balm of sweet unconsciousness to a dying fellow mortal!

INSTRUMENTAL LABOR.

(Reported to the Medical Society of Virginia.)

By G. McDONALD, M.D.

Mr. President and Fellows—The question under consideration is one of the most important of all obstetric questions. For, in those cases of obstructed labor that "try the souls of men" and women, the lives of mothers and children, and the happiness and welfare of families, will depend on the manner in which the accoucheur performs his responsible duties.

I now propose, very briefly, to consider some of the most important operations for the relief of some of the distressing accidents and incidents of parturition; and, first, I hold that every man, who presumes to practice midwifery (especially in the country, where often a consultation is impossible), is bound to know, not only how, in the best manner, to perform all the various operations—not only must he know how and when to operate, but, in any given case, he must be able to decide promptly which operation is applicable.

And first in regard to version. Turning is most frequently required in cases of transverse presentation, accidental or unavoidable hemorrhage, sometimes for slightly contracted pelvis, and occasionally for prolapse of the funis.

I shall not discuss the subject further than to call attention to a mode now practiced in some cases of cephalic version, by external manipulation, applicable only in the early stage of labor, where the waters have not been discharged; and to another mode of performing podalic version by combined external and internal manipulation—that is, by introducing one or two fingers through the os, and thus pushing the head or shoulder, as the case may be, towards the fundus, while the external hand pushes the breech towards the os. These operations are said to be, in suitable cases, entirely practicable, and of easy accomplishment. But, of course, neither of these modes is at all applicable where the waters have been

long discharged, and there is rigid tonic contraction of the uterus. Under these distressing circumstances, nothing remains to be done but first to relax the uterus by an anæsthetic, and then patiently and gently, but persistently, introduce the hand, according to the old method, and effect podalic version. But if, on account of rigid contraction of the uterus, and impaction of the presentation in the pelvis, this be impossible, then we have no other means left, except mutilation of the child, either by evisceration and severance of the spine, or decapitation.

And now we turn, with peculiar pleasure, to the use of the forceps, the great conservative instrument of midwifery—conservative of mother and child. That there has been a great revolution in regard to the use of the forceps, we presume is well understood by most, if not all, the members of this society.

We are happy to say that the doctrine, so long taught in the standard works and in the schools, no longer prevails, namely, that the use of the forceps was unjustifiable, unless all hope of natural delivery was at an end, and symptoms of commencing exhaustion were present.

The rule that now prevails, as expressed by another, is, "That so long as nature is able to effect her purpose without prejudice to the constitution of the patient, without danger to the soft parts or to the life of the child, we must let the labor proceed. But as soon as we find the natural efforts are beginning to fail, and after having tried milder means for relaxing the parts or stimulating the uterus to increased action, without result, we are bound, by common sense and common humanity, to relieve the sufferer from her misery, and her child from imminent danger of death, by the timely use of the forceps. Why, may I ask, should we permit a fellow-creature to undergo hours of torture, when we have the means of relief in our hands? Why should the mother be allowed to waste her strength and incur the risk consequent upon long pressure of the head on the soft parts, the tendency to inflammation and sloughing,

or the danger of rupture, to say nothing of the increased danger of puerperal fever, with all its dire results?"

That the modern doctrine is not only safer for the mother, but also for the child, is well established by statistics. Among the most remarkable of these are those of Dr. Hamilton, of Falkirk. He delivers one child out of every seven or eight with the forceps, and he thus delivered seven hundred and thirty-one successive children without a single still-birth. When these facts are considered in connection with the fact that, including all cases of labor, one out of every twenty or thirty children is still-born, it will be seen that Dr. Hamilton's experience is unprecedented in obstetric history.

We may now lay down the following propositions:

1. That when the head is low down in the pelvis, and the os uteri fully dilated and retracted over the head, and especially if rotation has taken place, the use of the forceps is a safe operation for mother and child, and so simple that any country doctor ought to be able to perform it with ease and safety.

2. That in a large majority of the cases, where the operation is required, all the above conditions will have occurred.

3. That, the above conditions being present, and the pains being good, but insufficient to cause the expulsion of the child, the use of the forceps is, in the hands of a judicious and skillful operator, safer than the use of any oxytocic, especially ergot.

4. That, in a majority of cases, the death of the child and injury to the mother (such as sloughing of the vagina, and consequent recto or vesico-vaginal fistula) is caused, not by the use of the forceps, but by the want of them, or too long delay in their use.

5. That, as soon as the physician is satisfied that the strong probability is that the natural powers will be unable to effect delivery (especially if the pains be strong and are not making any impression), there should be interference, and that without regard to the duration of labor—always,

provided it be the second stage of labor, and especially if there be great suffering or any danger to mother or child.

6. That in any case where there is greater risk to mother and child by delay, than in using the forceps, they should be resorted to.

7. That the above rules are not intended to justify the unnecessary or bungling use of the forceps.

8. That, in the use of the forceps, after their introduction, and after they are securely locked, an anæsthetic should be administered, provided the operator understands its administration.

And now, sir, we wish it distinctly understood that all we have said relates to the operation, when the head is low in the pelvis, and the os fully dilated and retracted over the head. When the head remains high in the pelvis, and especially if the os be not fully dilated and retracted, the operation is much more formidable, and should not be undertaken except for good reasons, and then with a full appreciation of the difficulty and danger.

We have not undertaken to describe the mode of introducing or handling the forceps, because, on these points, full instruction is given in the standard works. We beg leave, however, to mention that in a recent standard work, we saw the suggestion made, that in all cases, without regard to the position of the head, the forceps should be introduced laterally, thus simplifying the operation.

And now, a few words in relation to that serious operation involving danger to the mother and death to the child—craniotomy:

1. It should never be resorted to if it be possible for a living child to be born without great danger to the mother. Of course, it should never be practiced if the forceps will answer the purpose. The limits to the operation, in some standard works, are said to be from two and three-fourths to three inches antero-posterior diameter, and one and three-fourths inches as the other limit, provided, in the last case, there be good transverse dimensions. That is, I understand the author to mean,

that above the limit of two and three-fourths to three inches antero-posterior diameter, it is possible for a living child to be drawn through the pelvis, and that a mutilated child may be extracted through a pelvis of one and three-fourths inches antero-posterior diameter, provided the transverse diameter is good. Hence, the limits of craniotomy would be between the figures above mentioned.

Having determined that the operation is required, the head should be perforated, and then we have choice between cephalotripsy and craniotomy, provided we have a cephalotribe.

Regarding the question of the morality of the operation, where the alternative is between the destruction of the child and the painful and lingering death of both mother and child, we presume there is no question among us. That a certain school of theologians have, in time past, decided that the destruction of the child is a mortal sin, will not, we presume, disturb our consciences, when we know that unless the operation is done, not only will the child inevitably perish, but while we wait for the death of the child, the mother not only suffers untold and unimagined tortures, but there will be imminent danger of her death also.

As I have been so fortunate as to have had but little experience in craniotomy, I leave the subject to those who have been less fortunate.

And now, we have but a word to say in regard to the gravest of all obstetric operations—the dreadful alternative of the Cæsarean section. But dreadful as the necessity is, medical men must be able promptly to decide when it is required, and having so decided, there should be some one in every neighborhood with the requisite courage and skill to perform it. The cases requiring the operation are—

1. When it is impossible to deliver a living child.

2. When it is impossible to deliver a mutilated child without the danger being greater than the Cæsarean operation.

3. The operation ought to be performed with the same precision, care, and

skill, and with all the caution necessary in ovariectomy. Under these conditions, and not otherwise, may we hope for success.

4. And, finally, the operation must not be deferred until the case is hopeless, and death must be the result with or without the operation.—*Va. Med. Monthly.*

ESSAY ON PNEUMONIA.

(Read before the St. Louis Medical Society.)

By DR. C. H. HUGHES.

The discussion of this subject at the two preceding meetings, verifies the statement of a distinguished author that "one of the most discordant topics in the science of medicine seems to be the treatment of pneumonia."

Within a half century the pendulum of professional opinion has swung from the extreme of excessive venesection to that of over-stimulation. The reaction of Laennec and Louis, against indiscriminately breaking the organic structure by withdrawing the material of its reconstruction through the supporting columns of the circulation, was followed in some quarters by the alcoholic insanity of Todd and Bennett. A theoretical delusion based upon the illusory, undemonstrated and undemonstrable view, that because in nearly all cases there exists more or less of oppression and prostration, therefore they are all or nearly all so similarly asthenic in character as to require that kind of stimulation, mainly to be found in alcohol and that sort of nutrition, which exists *par excellence* in the opinion of some, but in one view, sparingly if at all in uncombined alcohol, that is, in alcohol when not administered in the form of wine, malt liquors, whiskies, brandies, etc.

The crippled and laboring lung and over-acting heart say the alcohol theorists, require to be stimulated. They liken the rapidly beating heart especially to an over-burdened horse, making little progress but very great effort to get up hill,

because of the obstructions in his way, which they would remove—the whip and spur, and oats of alcohol.

It seems never to have occurred to these therapeutic legicians, that lightening the load of the jaded animal and conserving his strength, by timely rest and restraint put upon inordinate and futile effort, made at the expense of that latent power upon which the animal's remaining and containing vitality depends, might both save the horse and transport in due time his burden.

Medical theories are often attempts at generalization of morbid states, and therapeutic conclusions drawn from them are frequently misleading in special cases. In fact, for clinical purposes are generally safest.

Theories are the short route flight, which genius makes, rising above rather than overcoming obstacles. The practical physician at the bedside must remove, and not evade, disagreeable morbid obstructions which lie in the way of his patient's recovery.

As a theory the law of *similia* has been tried, and though still in vogue with a large body of theoretical practitioners, as the therapeutic law governing other cases than those wherein the heart is initiated to over-action by morbid excitation, has been found in the light of the general practical observation of the profession, wanting in supporting facts.

In the treatment of pneumonia there are many facts to be considered.

Though closest theorists may ignore them they cannot thus be abolished. It has its variable and varying stages and varieties—age, season, climate, epidemic, endemic influences, and accompanying constitutional cachexias modify its manifestations. Extent of lung tissue involved, the stage at which treatment is begun, as well as the nutrition of the patient preceding, and his surroundings during the attack, so that it cannot be treated as a never varying condition.

The tenants of poverty's abodes, in the back streets and alleys of our crowded cities, who come under treatment at dis-

pensaries and charity hospitals, present not all the same features as the well nourished citizen stricken in the midst of active business, owing to some sudden disturbance in the equilibrium of the circulation, determining a localized inflammation.

Some depression of system from business worry and perhaps deprivation of sleep, often precedes the coming on of these latter cases, but there is seldom malnutrition and assimilation to any great extent.

Pneumonia with hepatitis, phthisis, typhoid fever, and typhoid states, are not precisely the same as the pneumonitis of traumatism or suppressed perspiration. Yet hospital reports put them forth to sustain a theory, and mass all these dissimilar forms together, as so many illustrative cases, and when the majority recover, as they would under proper hygienic conditions and nursing alone, the advocates of the alcohol plan are exultant in one hospital and those of the expectant are equally elated in another.

One well marked case of double asthenic pneumonia with congestion in every part of both lungs, with a temperature reaching 106°, falling to 100° under ten grain doses of quinine every six hours, with forty or more respirations and a pulse of one hundred and thirty beats per minute, falling under six-drop doses of veratrum viride every four hours, to twenty respirations and a pulse of seventy-five or eighty, is worth more to me than scores of cases recorded without a minute statement of temperature, pulse, respirations, extent of pulmonic surface involved, etc.

I have seen more than one such case, and they are the cases which, without controlling, generally die.

Twenty years ago, before so much attention was paid to temperature in disease as now, and before it was generally conceded that quinine would lower the body heat, I saw such a case conducted to a safe and rapid recovery on veratrum viride alone. The veratrum treatment then made upon me a profoundly favorable impression which has not been effaced by

an extensive subsequent experience.

Veratrum viride timely and freely given in the congestive stage, with quinine and Dover's powder, have, in my hands, many times, cut short the progress of pneumonia in its congestive stage. I have tried it in the field, in the hospital and in civil practice.

A large number of cases falling under observation in charity hospitals have generally reached the stage of commencing hepatization in some part of the lung before the patient's admission. I would not expect much from attempts at aborting the disease there.

When hepatization is somewhat advanced or the suppurative stage has been reached, I am willing to compromise with the alcohol advocates on the champagne *pro re rata*.

In the practical management of this disease it is not a never varying something which we term pneumonia, that we are to manage, but it is the temperature, the pulse, the respiration, the pain and pulmonary oppression, together with the assault the disease is making on the vital stamina of the patient, that are to be regarded, and these are to be considered according to their varying intensity in all forms and all stages of the disease.

There are some extremely asthenic cases where stimulant quantities of alcohol may do good. There are others where it does little harm, and others which, in spite of the harm it does, recover; and there comes a stage of hepatization and suppuration in many cases when to withhold milk punch or egg-nog would be homicidal. But after all, it is the pulse, the temperature, the respiration, the nutrition, the pangs, the cough, and the nervous shock that are to be controlled and regulated. The remedies which best regulate them are well known, and alcohol, for that stage and kind of pneumonia when we might not trust the disease to nature and nursing, is not the remedy.

The value of cups and poultices for the first stage, and of blisters for advanced second stage, of suitable expectorants and the benefit of a mercurial cathartic in the

beginning are conceded. In my army experience, I am confident that I have averted many a pleuro-pneumonia by a brisk cathartic and quinine in full doses during the day and fifteen or twenty grains of Dover's powder at night, and I may say the same of copious hot whisky punch given, when on the march, in lieu of the Dover's powder.

But when a typical sthenic pneumonia is fully established with a pulse above 120, and forty respirations per minute and a temperature of 104° or 106°, who would think of alcohol then as the best remedy?

If such cases recover under alcohol, it must be in spite of it.

I like not the simile of the tired horse, needing only alcoholic whip and spur applied to the excited organism.

The fault is not in the struggling nag—the heart, but in the driver—the excited cardiac and vaso-motor nerve centres responding abnormally to immediate and reflex irritation.

Let us soothe, restrain and retard the animal, rather than goad him to increased exertion beyond his strength.

Gelsemium and digitalis have answered well sometimes in my hands, when the stomach has been irritated.

I could not well dispense with opium, the valerianates, camphor, and the bromides, for their anodyne and hypnotic properties as adjuncts to the sheet anchors, *veratrum viride*, quinine and nutrients.

I have found use also for Hoffmann's anodyne, spts. mendereri and nitre, the tinct. of gelsemium acting admirably with the two latter. Belladonna, hyoscyamus, and the fluid extract of wild cherry have a minor place in my therapeutic armamentarium.

I have discarded chloral as an unsafe hypnotic, especially in the second and third stages of pneumonia.—*St. Louis Medical Journal*.

[As a stimulating expectorant and anodyne in these latter stages of pneumonia, we have found the carbonate of ammonia combined with morphine, in small doses, oft repeated to answer the purpose.—ED.]

THORACENTESIS.

THE ASPIRATOR, THE TROCAR AND CANULA, OR THE FREE INCISION?

BY FRANKLIN STAPLES, M.D., of Winona, Minn.

The *New York Record* of January 5th contained an interesting and practical article on thoracentesis, by Chas. W. Packard, M.D., of New York.

Dr. Packard gives four cases: First, that of a woman, aged 48, who had suffered with pleuritis ten days, and was dying from the immediate effects of a large pleuritic effusion. The fluid, which was serous (not purulent), was removed by aspiration. Great and immediate relief followed, and we are led to infer that recovery took place. The second case was that of a young married woman of very stout habit, admitted to the hospital six weeks after being attacked with pleuritis. It is stated that, when first seen, the patient was in a "bad way;" was moderately cyanotic; was constantly expectorating pus in immense quantities. Sixty-four ounces of pus were drawn off by aspiration; air rushed in through the opening that had been formed between the pleural cavity and the bronchial tubes, and pneumothorax took the place of the previous pyothorax. Moreover, the pus could not all be pumped out, and, although some temporary relief had been gained, shortly the symptoms were aggravated, and septicæmia threatened. A free incision was now made, the pus drawn off, and the cavity washed out through a flexible rubber tube with a weak solution of carbolic acid. This treatment was continued for a short time, and recovery resulted. The third case was that of a child, 7 years old, from whose chest nine ounces of pus were aspirated, and cure afterwards resulted in the case by the spontaneous evacuation of the pus through the lung and bronchial tubes. In the fourth case, a young man had been ill for two months. Seventy-two ounces of laudable pus was removed from the pleural cavity by aspiration. The patient

was relieved, but in three or four weeks the pus had reaccumulated, and a free incision two inches long was made between the eighth and ninth ribs, and 100 ounces of pus were removed. The carbolized solution was injected daily; treatment continued for several weeks, and recovery took place.

The brief comments here submitted upon the excellent article of Dr. Packard are for the purpose of getting light on the following practical questions: In the operation of thoracentesis, shall we use the aspirator, according to Bowditch, or the trocar of Trousseau, or make the free incision with the bistoury? or, if different cases and conditions require different operative treatment, then what, if any, general rule shall guide us?

Dr. Packard says: "If repeated operations are necessary, it becomes a question whether aspiration should not give place to the operation by incision."

"If the secretion of pus is itself decreasing, and the constitutional disturbance is moderate, and especially in a young subject, we have reason to hope for an ultimate cure by aspiration. If, on the other hand, the pain and constitutional irritation continue severe, and the pus rapidly reaccumulates, I think there is no question that the pleural cavity should be opened by an incision large enough to admit of a ready evacuation of its contents, and of the manipulations necessary in washing it out, if the pus should be of an irritating quality."

Now, in place of the foregoing, I would offer the following amendment, making the line between the different operations to be more arbitrary, and as follows: If the contents of the pleural cavity is serum, I would always aspirate; but if it is pus, I would always use as large a trocar and canula as possible, or make a free incision with the knife, and then use the antiseptic wash, as described in the cases given above. In most cases the aspirator may be first used to test the character of the effusion. With our present facilities for the antiseptic treatment of disease, and for preventing infection in surgical

operations, we are able to more than compensate for any evil resulting from the admission of air into the suppurating pleural cavity. In fact, the operation for the relief of pyothorax should be performed as much for the purpose of disinfecting the diseased cavity as for merely evacuating its contents.

Again, on the question of the time for operative measures to be resorted to, Dr. Packard's article has the following: "The time for interference must differ with differing cases. A latent pleuritic effusion, the result of a low grade of inflammatory action, and containing very little fibrin, while all the more likely to degenerate into pus, will not make many or strong adhesions, and, in this respect, may safely be left for weeks." [Query—What is the advantage of leaving such a case for weeks? Surely the risks of thus leaving it are greater than any incident to the early use of the aspirator?] "But," says the article, "an acute pleurisy is a different thing, and I think three weeks is the outside of safety against the formation of permanent and disastrous adhesions." [Query—Is it not well to avoid the outside limits, and relieve the oppressed absorbents while their action may yet be restored, and while the effusion is yet only serous in character?] As for evidence of the correctness of the views here given, both concerning the kind of operation and the best time for operative interference, the reader is referred to the history of every case given in Dr. Packard's article. I will add the brief notes of two cases, the history and results of which show the advantage of the use of the open canula and the antiseptic washings in advanced pyothorax.

I. A young man, 16 years old, the son of a farmer, presented himself for treatment in June, 1874, having ten weeks before suffered from a severe attack of pleuro-pneumonia, while at work in the woods away from home. There was emaciation, with great exhaustion, dyspnoea, a rapid and feeble pulse, septicæmia, swelling of the feet, and the physical signs of an immense accumulation of fluid in the

right pleural cavity. Paracentesis was performed by means of an aspirator, and five pints of fetid pus drawn off, no air being allowed to enter the cavity. The operation was repeated four times in four weeks, and an average of four pints drawn each time. At the second and fourth operation blood was mingled with the pus in the receiver of the aspirator. The blood was fresh and readily coagulated. Any attempt to exhaust the gas from the cavity, by continuing to work the aspirator after the pus had ceased to flow, caused distress to the patient, and a renewal of the hemorrhage. Each operation in a measure relieved the more urgent symptoms of dyspnoea and septicæmia, but at the end of the month the patient was unable to move in bed unaided, suffered from hectic, was extremely emaciated, and was evidently failing. I now adopted the plan of drawing the pus through a large canula without the aspirator, and of performing the operation as often as every second or third day, and, after a short time, every day, allowing each time the free ingress of air. A very weak solution of carbolic acid in warm water was used as an injection at each operation, a small quantity of the wash being thrown in, and this drawn off, and then another injection made until the fluid drawn was quite clean. The patient was kept up on wine, iron, and quinine, and upon animal food, consisting largely of wild game. From the time of the change of treatment from the use of the aspirator to that of the simple canula, and of the more frequent performance of the operation, with the use of the antiseptic wash, there was steady improvement in the condition of the patient, but recovery was slow, and the adhesions were such as never to allow the lung to expand to any considerable extent.

At the end of eight months the thorax was an inch less in circumference on this side at the level of the nipple than on the other side, and a line through the chest, from the nipple backwards to the lower angle of the scapula, is at least an inch shorter than the same on the other side.

My notes at this time, eight months after the first aspiration, state that the canula is at present introduced morning and night, and about three or four ounces of purulent serum drawn at each time. A careful record of the amount of pus obtained, and which has varied in quantity at different times, has been kept, and the aggregate is upwards of 100 pints. Carbolic acid, chlorate of potassa, port wine, and the permanganate of potassa have successively been used in the injections. Cod-liver oil, with the phosphate of lime, has been given largely, together with quinine and the mineral acids. Three years and eight months have now passed, and there is yet a fistulous opening communicating with a small cavity. Of late a silver tube has been worn, allowing the slight discharge to take place constantly, and there is evidence of a more rapid diminution in the size of the cavity since the maintenance of this constant drainage. It is probable that an excision of a section of the rib at the place of the puncture, thereby allowing a more free and constant evacuation of the pus, would have hastened the process of cure.

II. Dr. M. Hagan, of St. Paul, Minn., reports a case in which he performed thoracentesis in a man who had been attacked with pleuro-pneumonia one month before. Two quarts of pus were drawn at the first operation with the trocar. A piece of gum elastic catheter was used as a permanent drainage-tube. After two or three days the cavity was washed out with the carbolic acid water, and several days after a weak solution of sulphate of zinc was used as a wash alternately with the carbolic acid.

At the end of six months the discharge was reduced to about a half ounce daily. In one year the patient had nearly recovered, the lung had expanded, but there was still a slight discharge of purulent matter from a small pocket which seemed to be gradually closing.

In the light of our experience it is fair to conclude, first, that, if in these cases the aspirator could have been used early, while effusion was yet serous, many

months of suffering and great risks to life would have been prevented; and, second, that, in the late operation, only the free evacuation, permanent drainage, and antiseptic treatment were admissible.—*New York Medical Record.*

CASE OF SUCCESSFUL TRANSFUSION RESORTED TO FOR SEVERE HEMORRHAGE AFTER DELIVERY.

By ROBERT CORY, Assistant Obstetric Physician to St. Thomas' Hospital; and CHARLES CAMERON, Resident Accoucheur to the same hospital.

On the afternoon of June 26th, Mr. Cameron was called to Mrs. S. L.—, on account of severe hemorrhage after delivery. She was thirty-four years of age, and had not previously borne children. It was ascertained that she had been losing blood for fourteen days previous to the above date, that the labor had been natural, and that the child, which was living, had been born one hour and a half before his arrival. He found that hemorrhage was still going on, and that the placenta was adherent to the fundus and anterior surface of the uterus. The woman was in a state of collapse, the pulse was scarcely perceptible at the wrists, the face and lips were blanched, and the extremities cold. Mr. Cameron removed the placenta as quickly as possible, but much blood was lost while this was being done, and the uterus did not contract afterwards. Some liquor ferri perchloridi fortior diluted (1 vol. to 4 vols. of water) was accordingly at once injected. This immediately arrested the hemorrhage. Hot-water bottles were then applied to the feet, two brandy enemata injected, and Dr. Cory sent for to perform transfusion.

On seeing the patient, Dr. Cory determined at once to have recourse to the operation. The woman was now quite unconscious, and kept throwing her arms from side to side. Dr. Rousset's apparatus was at hand at the hospital. This was obtained without delay, and Mr.

Cameron offered his blood. The cup of the instrument was applied over his left radial vein; then the left radial vein of the woman was opened, but this was found too small to admit the cannula for a sufficient distance without splitting. Accordingly the right median basilic was substituted; this was of ample size. When all was ready, Mr. Cameron's vein was pricked. The blood flowed readily, and filled the injecting ball rapidly, so that in a very short time ten ounces of blood had passed. At this point the injecting ball began to leak,* and as it was feared air might thus be admitted, the operation was discontinued. Immediately on the passage of the blood the woman seemed to revive, and at the close of the operation was evidently better. The color had returned to her face and lips, and the pulse, before imperceptible, was now evident. On leaving the house half an hour after this, the woman seemed much better, but not long afterwards Mr. Cameron was again sent for, and found her with livid face, restless and collapsed, although there had been no fresh hemorrhage. Brandy was administered by the mouth, and hot-water bottles kept to the feet.

On June 27th, at 1 a.m., her extremities were warm, she was perfectly conscious, put her tongue out when asked, and said she had no pain except in her head. Temperature 37.8° C. Taking iced milk and brandy as nourishment. Respiration normal. At 11 a.m. she spoke, and seemed quite rational; said, in answer to questions, that she was 34, and had been married about a year, and that her child was a girl; she moreover stated that she remembered nothing of what had taken place the day before, after her delivery, until the evening. The temperature was 37.2° C. The urine, as

*On examining the instrument afterwards, it was ascertained that the india-rubber of which the injecting ball was made was cracked for a considerable portion of its circumference at its junction with the mountings. There can be no doubt that this was due to a defect in the india-rubber which had been overlooked. In other respects no instrument could have done its work better.

drawn with the catheter; was of a very dark color, but contained no albumen.

28th.—Complained of great pain in the head.

29th.—There was no evidence of milk in the breasts; the discharge from the uterus was very offensive, and there was tenderness over the abdomen on pressure. The vagina for the next four days was washed out sometimes with a weak solution of carbolic acid and sometimes with Condy's fluid.

30th.—The abdomen was still more tender on pressure; tongue clean; pulse 120; temperature 29.1° C. The urine continued of a high color, but contained no albumen.

July 1st.—Very much better. Asked to be allowed to take solid food, as she said she was very hungry.

From this date she steadily improved and left her bed on the 5th of July, only ten days after her labor.

The incision in the skin of the woman's right arm healed up directly; that in the left arm is not quite healed, but nearly so.

Mr. Cameron felt no inconvenience further than a feeling of want of energy for the following few days. A diffuse ecchymosis appeared on his forearm, but this was of no real moment.—*London Lancet*.

CHLORAL HYDRATE.

A LOCAL ANTISEPTIC AND DISINFECTANT IN PUERPERAL DISEASES.

BY J. A. LARRABEE,

Professor of Diseases of Women and Children, Hospital Medical College.

Widely different views are entertained concerning the contagiousness of so-called puerperal fever. Not more united are the ideas advanced in regard to treatment. Great medical talent and acknowledged skill have been arraigned upon either side. In regard to the contagious or infectious nature of the disease, these opposing opinions come alike from men whose eminence in the profession and in

society entitles them to respect. An exhaustive paper, then, upon this subject would simply contain that which should be found in every doctor's library. The one great thing in which the community, no less than the physician, is interested, is our ability to prevent puerperal peritonitis, or stay its progress.

I have several times called the attention of the profession to the disinfectant, deodorizing, and antiseptic properties of chloral hydrate. (See "Virginia Medical Monthly and Transactions of Medico-Chirurgical Society.") Recently, however, I have had an opportunity to observe these properties exerted under most unfavorable circumstances. At the time I took medical charge of the Forest Hill Lying-in Hospital, there had been four deaths, in a period of a few days, from puerperal fever, being, as I believe, peritonitis of the septic form. Everything was in disorder and confusion. Carbolic acid perfumed the place; it was used for everything—lotions, washes, etc.—under the prevalent but mistaken idea of its antiseptic properties. I immediately substituted chloral water, directing that in each delivery it should be well used. Thirty-nine deliveries have been accomplished since that time without any untoward result. The immediate effects of the irrigation or lotion are described by the patients as cooling and pleasant.

In all accouchments, whether liable to contagion from without or not, there exist the necessary conditions within the uterus and vagina for setting up septic poisoning *de novo*. There is, in all cases, an odor to the lochia plainly discernible at the end of the first twenty-four hours. If this condition remains uncorrected, and the nurse neglects to attend to her duties, there is great danger of septic poisoning. A solution of chloral of mild strength in water, and by means of the douche or fountain syringe, removes at once, not only the odor, but, I am fully satisfied, destroys the noxious influence of such poison. Carbolic acid, although it has been much lauded, is, in my judgment, over-estimated, is entirely unreliable, and

merely substitutes its own odor for that of the disease.—*Med. News.*

GURJUN BALSAM IN GONORRHOEA.

M. Vidal (*Journal de Medecine, Decem-ber, 1877*) is the first in France who has studied the applications of this new remedy, whose remarkable properties will certainly bring it into use speedily. It is obtained from several resinous trees in the Indian Archipelago, is very abundant, and the price is moderate.

Gurjun balsam has been successfully employed for leprosy by several English physicians in India, and Vidal has also had good results from its use in the *Hopital Saint Louis*. But it is especially in gonorrhoea that it renders the greatest service. M. Deval, a student of Vidal, gives ten cases as proof of its value, and his testimony is corroborated by Maurice and others. The duration of treatment varied from ten to twenty days, the duration being shorter in proportion as the patient had passed the inflammatory stage. Vidal's formula is:

R.—Gurjun balsam (wood oil).

Acacia.....ss. 4 grammes.

Infusion of anise seed..... 40 grammes.

To be taken before meals. It was not necessary to increase the dose, which is perfectly well tolerated, the only effect being to cause one or two stools two hours after the meal. When the dose was increased, no more than eight grammes were given. Sometimes, at first a little nausea was produced, but this speedily disappeared. Vidal gives a little wine after the potion, which makes it better tolerated. No change in diet is necessary. Besides the potion, a liniment of equal parts of the balsam and lime water, applied by means of tampons, was used in women with vaginitis; the tampons were left in the vagina twenty-four hours. A cure was always rapid in women. Its advantages over copaiba are its more rapid and certain action; it does not produce erythema, and it does not give to the breath the tell-tale odor of copaiba. Its local action in vaginitis and balanitis is also excellent.—*Chicago Med. Ex.*

ABSTRACTS AND GLEANINGS

CASES OF VARICOSE VEINS.

CASE 1. F— M—, a German, aged 36 years, of large frame, weighing about 220 pounds, called at my office February 13, 1868, to consult me in regard to an amputation of his left leg on account of a varicose condition of the superficial veins of that leg.

On examination of the limb I found the superficial veins below the knee very much dilated and tortuous, the tension and weight of which caused great pain and suffering. The external saphena was dilated to almost an inch in diameter, while the superficial veins of the thigh also presented a dilated, tortuous, and sacculated appearance.

At about the union of the middle and lower thirds of the tibia and fibula I found a large, foul ulcer, with numerous smaller ones around the joint below. These ulcers had been open for four or five years; the oedema of the limb was well marked, and the course of the veins was much inflamed. During this time many remedies had been used, but the ulcers had persistently refused to heal.

My patient informed me that about twenty days before he came to me, the large ulcer had commenced bleeding, and the hæmorrhage had been so severe that it was with great difficulty it was stopped by the application of cold and compresses. The veins of the opposite limb were very much diseased, with some small ulcers around the ankle joint, but as yet had not troubled him as severely as those in the other limb, although the leg was in a very bad condition.

I did not deem it necessary to amputate, and therefore advised him to wait and give me time to investigate the matter and determine, if possible, the best mode of procedure in his particular case. In referring to Gröss', Erichson's and Druitt's works on surgery I found but little dif-

ference of opinion expressed by those high authorities in regard to the statement of such cases; each recommending the removal of a part of the vein, pin ligature, cauter, etc., for permanent relief. Knowing that the object of any operation was the obliteration of the vein, and that any procedure was attended with more or less danger on account of the formation of clots, I at once resolved to try the hypodermic injection of sol. of persulphate of iron.

Accordingly, on the 14th, after applying a tourniquet above the point where I wished to operate, and having my esteemed friend, Dr. Woolley, make firm pressure below, I proceeded to inject about 30 drops of the remedy above named into the external saphena about its middle. With the pressure continued, in about five minutes I found to my great satisfaction that a firm, hard clot had formed, which was immovable and unyielding. I now made the same preparation and proceeded to operate upon the right leg. This, however, was not so satisfactory. My syringe had become so corroded with the medicine that it was with great difficulty that I forced a very few drops into the vein. The introduction of the remedy into the vein caused quite extensive inflammation along the course of all the veins, but not sufficient to cause alarm or demand any treatment whatever. The ulcers I dressed with carbolic acid, one part to fifteen parts of glycerine and water.

With this treatment upon my part I left the case in the hands of nature for a cure. On the 5th day of March following, every ulcer on the left leg was entirely healed, the veins reduced, and, as my patient expressed it, the leg was as good as ever.

The right leg, on account of the failure of the first operation, had improved but

little, if any; therefore, on the 6th day of March I repeated the operation as before, and in the course of about seventeen days this leg was permanently cured.

CASE 2. G— M—, American, aged 22 years, also large and powerfully built, a farmer by occupation, called on me June 10th, 1875, to be treated for some "sores," (as he called them) on his right leg, which had been troubling him more or less for five years. On examination I found a case almost precisely like the first, excepting that the diseased condition did not extend above the knee, and there had no hæmorrhage.

In this case, although the patient was a man of extraordinary nerve and will, yet at times he had been confined to his bed with pain and suffering. This being the sixth case which I had treated by this method, I explained to him the operation, and also the danger attending it, but he expressed himself willing to submit to any operation which would promise any chance for relief, as he was tired of living if he must continue to suffer as he had done for years past.

With this understanding I prepared to operate at once, and proceeded as in the case above reported, assisted by Dr. M. A. Hendryx, of this city (then a partner of mine in practice). I injected about one-half of a drachm of the solution at two different points, and watched the formation of clots, which took place in a very short time. Immediately after the operation he rode to his home, about four miles from the city. I heard nothing more from the case until the third day, when I was summoned in great haste to visit him. I confess I was somewhat alarmed by the hasty summons, knowing, as I did, the danger of the formation of a clot, which, if it passed through the vessels and reached the heart, might cause serious trouble if not instant death. I was much relieved on arriving at the bedside of my patient and finding that he had had a severe chill, which alarmed him and his friends. About four hours after he left my office on the day of the operation, he was attacked with severe

pain in the limbs, which began swelling quite rapidly, and on this, the third day, he had a severe chill, followed by a high grade of fever.—DR. F. B. WOOD, in *Detroit Med. Jour.*

BACTERIA, AND WHAT WILL KILL THEM.

In the *Circular* of January last was an article upon "Bacteria," by Prof. Tyndal, which presented a remarkable view of that microscopic vegetable in the production of the phenomena of fermentation. Below we present a short communication that appeared recently in the *New York Times*, which shows their wonderful tenacity of life, and what will not and what may destroy their life.

One of the most active and dangerous forms of bacteria, the micrococcus, is about the shape of the head of a small pin; or, rather, when magnified 800 times, it looks like this: o o o o o. Another, the true bacteria, or rod-like particles, are about the following size and shape: = =

But the principal point is to find out what substances or medicines will destroy them. Quinine will not, for bacteria will live and flourish on a solution of twenty grains to two drachms of fluid. Nor will camphor, for they live on a solution of thirty grains in two teaspoonfuls of fluid. For five days they were seen swimming about among the pieces of camphor, and increasing immensely in numbers. Ten drops of carbolic acid in two drachms of fluid will not kill them. They also flourish in a solution of tar, and will swim about for six or more days between particles of ten grains of calomel in two teaspoonfuls of fluid. One drachm of laudanum in two teaspoonfuls of fluid filled with bacteria will only commence to benumb and kill them at the end of six days.

They lived for ten days in a solution of tincture of nux vomica in two drachms of bacteria fluid. Tannin is the first remedy which has a decidedly destroying effect upon them. It will kill them in two hours; and although they will come to life again after being frozen in ice, and

boiled in hot water, yet they will not do this after tannin is applied. Chloroform seems to kill them, but they will come to life again. They will live in a solution of one drachm of chloral in two of water. A concentrated solution of copperas, or sulphate of iron, will kill them; also chlorine water, and dilute muriatic, sulphuric and nitric acids. We may draw the inferences that quinine, calomel and carbolic acid are useless in diphtheria. That opium, nux vomica, chloroform and chloral are comparatively so; and that tannin, sulphate of iron, chlorate of potash, chlorine water, and dilute mineral acids may prove the only really useful remedies.—*The Druggists' Circular and Chemical Gazette.*

ACUTE CATARRH OF THE MIDDLE EAR,
CAUSED BY SNUFFING WATER UP THE
NOSTRILS.

No further proof is needed of the danger of introducing fluids into the nostrils, and the following case is reported only because its features are so clearly marked. The fact that the patient had already lost the function of one ear in a similar way gives additional value to his testimony. The use of the nasal douche and its modifications has been much debated, and is still a question of controversy. It is freely granted that it may be used by the surgeon himself upon hundreds of cases without harm, as has been shown in a recent paper by Cassells. The only point ever sought to be established by the writer is that this therapeutic measure cannot be safely entrusted to patients. The very best of them are often incompetent to remember and carry out the various "precautions" given them, and, in this sense, it is impossible always to tell before-hand that your case is a "proper" one to be allowed to apply the remedy for himself. Moreover, in some cases, harm has certainly resulted where every direction was followed by the patient, and even where the operator was an educated physician. Thus a certain small percentage are constantly suffering injury, which to one placing a high value upon

an ear, is not compensated for by all the advantages which this treatment of naso-pharyngeal catarrh is supposed to offer.

Mr. F. was snuffing water up his nose on account of nasal catarrh, and, while blowing it out again, he "felt a drop enter the right ear." Had pain in that ear immediately (this was at noon,) which increased in severity, and at midnight was unbearable. Took large doses of morphine with only partial relief. Next morning he applied for advice, and was found to be suffering great pain, with some fever. The right auditory canal was red and swollen at the bottom, and the drum-head very red and somewhat bulged outwards. H. D. was $\frac{0}{40}$. A paracentesis of the drumhead was made at once, and the hot douche ordered to be used every hour. Immediately after the operation the pain disappeared, and did not return until five days later, when it was relieved by leeching. Under the usual treatment the inflammation subsided, and the hearing was restored. The water which was used in the nostrils was cool and not medicated.

Four years ago this patient felt water enter his left ear while using the nasal-douche, and had acute catarrh of that ear, followed by suppuration and deafness. The H. D. on that side was $\frac{0}{40}$, and the drumhead was cicatricial.

RAISING THE ARM IN EPISTAXIS.

Having tried this plan on one or two occasions effectually, I naturally sought for an explanation of the success of a method apparently so empirical. The reason of it at length appeared to me both simple and interesting. It was this: In holding the arms up above the head—for in many cases I did both—the scapulæ are elevated and rotated outwards, and by this means, extension is made upon the ribs by the serrati magni muscles; the chest, thus expanded, causes an increased flow of blood from the venous or right side of the heart to the lungs, and *pro tanto* from the head, and a temporary or partial stasis or diminished flow of blood

to the left or arterial side of the heart, thus reducing the *vis a tergo*, and allowing to such extent, therefore, time for the blood to coagulate in the vessels of the nose.

This explanation was confirmed by an observation which just reverses the condition of things. A patient came to me suffering from occasional attacks of hæmoptysis, and spontaneously remarked "that it was sometimes brought about by raising his arms above his head, as in removing anything from a shelf or otherwise." This statement beautifully fitted in with my views, and struck me at once as a remarkable confirmation of what before might be taken only for a possible or plausible explanation.—R. W. ELLIS, in *The Lancet*, Nov. 17, 1877.

CHLOROFORM HALLUCINATION.

Dr. Folsom, in the *Medical and Surgical Reporter*, says: I saw in the *Medical and Surgical Reporter*, of December 29th, 1877, the report of a case of chloroform hallucination. The following is my experience in the same line: In 1854, a clergyman's sister came to my office for the purpose of taking ether and having a tooth extracted, and brought her brother's wife with her. I began to administer the ether to the patient, and whilst renewing it she got away from me, and seemed alarmed and offended. I did not attempt to compel her to breathe any more ether, but urged her to take it, and so also did her brother's wife, but she would not take any more. She had the impression, so her brother told me, that I attempted to violate her, and that his wife assisted me. It was a long time afterward before she would fully give up that she was mistaken in the matter.

Portsmouth, N. H., Jan. 1, 1878.

ACTION OF PILOCARPIN ON THE EYE.

M. Galezowski, in a communication to the *Société de Biologie*, narrated the results of the trials he had made on the eye with pilocarpin, the active principle of *jaborandi*. These show it to be possessed of powerful myotic powers. One drop of a

mixture, consisting of ten parts of water and one-fifth of a part of pilocarpin, instilled into an eye, the subject of paralytic mydriasis, gives rise to such a contraction of the pupil that at the end of half an hour, this measures scarcely a millimetre in diameter, the contraction continuing for from five to eight hours. This result has been verified upon a great number of patients, so that it may be now stated that pilocarpin possesses myotic powers as active as those of eserine, while it does not excite irritation like that substance, the prolonged employment of which may give rise to peri-orbital pains, intense conjunctivitis, and great nausea. M. Galippe observed that the experiments which he and M. Bochefontaine had made were attended by precisely the same results as those described by M. Galezowski.—*Gaz. des Hop.—Med. Times and Gazette*.

THE PANCREAS IN DIABETES.

M. Lancereau laid before the Académie de Médecine some specimens exhibiting extensive lesions of the pancreas in subjects of diabetes, and having related the histories of the cases whence they were derived, and referring to cases already on record, went on to say that it was thus evident that, at least in some cases, diabetes is accompanied by great alterations in this organ. In these cases the progress of the disease has been relatively rapid, and has been attended by polyphagia, polydipsia, excessive emaciation, and abundant glycosuria—in fact, by all the characteristics of saccharine diabetes. So, also, animals from which the pancreas has been removed, became voracious and rapidly emaciated, and die very quickly. There would seem, therefore, to be no doubt that there is a casual relation between these changes in the pancreas and the disease in question. This form of disease may be distinguished by the relatively rapid occurrence of emaciation with polyphagy and polydipsia and by the peculiar character of the alvine evacuations. Its prognosis is most unfavorable; the indication for the treatment

consists in suppressing alimentary substances that are digested by the pancreatic juice, in favor of those which undergo digestion in the stomach.—*Gaz. des Hop.*

HORSE FLESH.

During the first six months of 1877, the Butchers, who deal in this commodity in Paris, have delivered to consumption 5,283 horses, donkeys, and mules, which furnished 959,730 kilos of meat (net). During the corresponding period of 1876, the number of these animals was 4,422, which gave 803,500 kilos. The increase is, therefore, of a marked character. The persons who endeavored to popularize the use of horse flesh affirm that it is more wholesome and more nourishing than beef, although often not quite so agreeable. Paris contains more than fifty butchers' shops specially devoted to this article. A very good pot-au-feu may be made with the inferior morsels at the price of twenty-five centimes and thirty centimes per pound. The choicest pieces—fillet, undercut, etc.—are much higher in their cost.—*London Veterinary Journal.*

INFLUENCE OF IRON MIXED WITH FOOD ON THE BLOOD.

Nasse fed a dog weighing about seventeen and two-thirds pounds, during eighty-seven days, with bread and potatoes, giving at the same time, for twenty-five days, fifteen and a half grains of lactate of iron daily, and for the remaining six-two days eighteen and a half grains of oxide of iron each day; the dose in each case being mixed with about six-sevenths of an ounce of fat. The weight of the animal increased by more than 2 pounds. The specific gravity of the blood rose from 1052 to 1060.8; that of the serum remained nearly unchanged. The amount of iron in the blood increased from 0.477 per mille to 0.755. The increase of the solid constituents depended solely on that of the blood corpuscles. The amount of iron in the blood rose regularly. In conclusion, the author expresses his belief that it is productive of the most fruitful results.—*British Med. Jour.*

A CURIOUS DISCOVERY IF A REAL ONE.

According to the *London Sanitary Record*, "Dr. Tschamer, of Grätz has discovered that a fungus grows upon the skins of apples and oranges, precisely similar to the fungus which forms the peculiar germs of infection in whooping-cough. He writes that on oranges and apples which have been kept some time may be found dark brown and black specks, which, when scraped off, appears as a damp powder. Under the microscope this powder is seen to consist of the spores of a fungus, identical with those of the whooping-cough. Taking two of these specks from the skin of an orange, Dr. Tschamer introduced them by a strong inhalation into his lungs. The next day tickling of the throat began, which gradually increased, until, at the eighth day, a thoroughly developed whooping-cough set in. Should the discovery be confirmed, there is an additional reason to see that children abstain from eating apples with the skin on, and from chewing orange peel, which many are so fond of doing."—*Boston Journal of Chemistry.*

TREATMENT OF SCARLATINA.

In the New York Academy of Medicine, Dr. Thompson said:

Probably in the majority of cases of death from scarlet fever, death was due to true septicæmia, rather than to poisoning by the specific agent of the disease. Bromine being far more powerful as an antiseptic than chlorine, was used both locally and internally in the treatment of diphtheria. Although the doctor had not much reason to think that the chlorine treatment was not as successful as possible perhaps in the treatment of scarlet fever, yet he had of late relied upon the use of bromine. Since he had adopted its use he had not seen cases of lymphangitis, and there was a full concurrence in the remarks of Dr. Smith, to the effect that the throat complication, the swelling of the glands about the neck, etc., had been much less frequent since the internal as well as the external use of antiseptics.

The manner of using the bromine was as follows: Dr. J. Lawrence Smith's solution was employed, consisting first of a saturated solution of bromide of potassium in water oz. ij, to that oz. i. of bromine was added very slowly, shaking the water constantly while making the combination. It was better to add half of the bromine first, and then let the bottle stand for half an hour or more before the remainder was added. When the bromine was dissolved in that manner, the bottle was to be filled with water until a *four ounce* mixture was made. The solution thus prepared could be again prepared for administration by combining it with water in any proportion desired.

For internal administration dr. i. of the solution to oz. i. of water was used, and of that a teaspoonful was given in a table-spoonful of sweetened water p. r. n. The solution should be kept in a dark place. As a local application, equal parts of the solution and glycerine could be employed, or in serious cases, the solution could be applied clear. The odor of diphtheria was entirely destroyed by the bromine solution.

With sudden onsets of the disease and a temperature rising rapidly to 104°—105 or 106°—wrap the child in warm blankets and apply douche to the head. Also when the temperature reached 104° the cold, wet pack was recommended with the statement that he had never seen any harm follow its use.

The cold bath was not recommended; the cold wet pack was believed to be all that was necessary. Take a sheet, wring it from water at the ordinary temperature, wrap the child in it, and over that lay one wrung from ice water. The prompt manner in which patients had improved under such management had led him to regard the wet pack as one of the great therapeutic resources for that class of cases.

From the very commencement of the disease the body should be oiled over three times a day. One reason was because it was the most effectual means of relieving the itching of the skin and the

excessive restlessness of the patient. Another reason was because it was truly antipyretic—it reduced the temperature. Another reason was because of the close sympathy existing between the skin and kidneys; the oiling kept the glands of the skin in an active condition.—*N. Y. Med. Record.*

AMPUTATION BY LIGATURE.

Dr. Bitot (*Le Progres Medical*, December 15, 1877) advocates the use of the ligature in certain cases of amputation of limbs. The bones, as well as the soft parts, may be thus divided. Disarticulation is accomplished more rapidly than amputation in the continuity of the bones. So long as the epiphyses are not united, separation of the limb at the point of junction with the diaphysis is easily accomplished—a less dangerous operation than disarticulation.

Of course, the ligature is not expected to replace the knife in ordinary cases, but cases do occur in which the patient absolutely refuses the latter. In such cases, the practitioner will be glad to have another means at his command, however defective it may be. Dr. Bitot relates an instructive case, which will be followed by others. The case was that of a man born in 1811:

In 1851, he had a fall from a horse, in which the right knee was seriously contused. This was followed by great pain and stiffness of the joint. In 1854, a small tumor was noted in the articulation, which did not yield to ordinary treatment. The tumor enlarged, and was finally pronounced to be malignant. Amputation of the thigh was advised, and the operation performed in November, 1857. The disease returned in the stump, following a severe injury, eight years afterwards. The patient absolutely refused re-amputation. The growth was of fungous character, and alarming hemorrhages occurred on several occasions. In November, 1866, more abundant hemorrhage occurred. This was arrested by passing a new cord, of the diameter of an ordinary pencil, around the stump about an

inch above the growth. This was made tight enough to arrest the circulation below it; ice was applied, which arrested the pain caused by the pressure of the ligature, and, at the same time, kept the latter soft, and facilitated its passage through the tissues. The cord was tightened from time to time; thus it sank deeper into the flesh, and was followed by cicatricial tissue. At the end of fifty-seven days, the diseased mass was removed with the knife and scissors, very slight bleeding occurring. In eight days, the patient was up, and has remained in perfect health ever since. During the course of treatment, and for three years afterwards, the patient took twenty-five or thirty drops of perchloride of iron in sweetened water, in three doses daily.—*St. Louis Clinical Record.*

THE ICE WATER TREATMENT OF CROUP.

A physician—Dr. Maunsell, of Yorkshire—urges the treatment of croup according to this method in the *British Medical Journal*. He illustrates it with this case:

I was called upon to visit a boy, eight years of age, suffering from "croup," or, to adopt our nomenclature, "acute laryngo-tracheitis, with 'croupous' respiration." He had been at school the day previous, though slightly ailing, but had gradually become worse. I had come provided with an emetic mixture of sulphate of zinc and ipecacuanha wine. This was administered twice, at intervals of ten minutes, until vomiting was produced. A bladder had been provided, and, being conveniently filled with ice-cold water, was applied to the throat and upper part of the chest, kept in position well under the chin—the child, of course, being in the prone posture. The child, who naturally objected at first to the cold, became quieter, and, in a short time, fell apparently into a doze. The respiration, which had been harsh and crowing, gradually became less so; the cough lost somewhat its singing sound, and the skin, which had been hot and dry, became cool and moist. I remained for two hours in the

house, and when I left, I gave instructions that a large, warm poultice was to be applied for an hour in place of the bladder, and then the iced water to be again applied, alternating so each hour until my return. In about ten hours, I came back and found everything progressing favorably. The child is now well, and I believe the result might have been very different; at any rate, the chances of recovery much diminished, had that treatment not been adopted.—*Med. and Surg. Reporter.*

HOW TO INTRODUCE THE HYPODERMIC NEEDLE.

Dr. S. J. Allen, of White River Junction, Vt., writes: Placing the palm of the left hand beneath the patient's arm or leg, with the thumb and fingers draw the skin tight over the upper aspects of the limb, in which state you have an unyielding integument. Then holding the instrument with the thumb and index finger of the right hand, place the bevelled side of the point upon the place you have selected at a proper angle with the surface; then, with a quick forward movement of the thumb and index finger only, keeping the hand immovable, thrust the point through the skin into the subcutaneous tissue. This maneuver, if done quickly, will inflict little if any pain, and the patient will thank you, especially if he has been previously subjected to the almost universal method of pinching up a fold of integument for the puncture.—*Med. Record.*

THE BLOOD IN DIPHTHERIA.

MM. Bouchutt and Dubrisay communicated to the Paris Academy of Science (*London Med. Record*) the results of the counting of the blood-corpuscles in diphtheria. The numerations were made by Hayem's process; and the writer proved that in diphtheritic angina the number of white corpuscles is considerably augmented, whilst that of the red corpuscles is diminished. The increase of the white corpuscles vary directly with the gravity of the disease.—*Clinic.*

SOCIETY REPORTS.

THE ATLANTA MEDICO-CHIRURGICAL ASSOCIATION.

REPORTED BY DR. WORD.

FRIDAY EVENING, March 1.

President G. G. Crawford in the chair.

Dr. E. J. Roach reported two cases of diphtheria in infants—twins—both affected with the characteristic symptoms of diphtheria, and one of them had symptoms of pneumonia in left lung. Both recovered under the use of the *chlorine mixture*. This mixture is prepared as follows:

R.—Potassæ chloratis.....dr. i.
 Acidi muriatis.
 Aquæ.....ss. oz. i.
 M.

From two to eight drops of this to a tablespoonful of water may be given every two hours. For children, proportionately weaker and smaller doses should be used, and may be sweetened with syrup.

Dr. J. J. Knott said that, in 1865, he had published an article on diphtheria relative to the efficiency of creasote as a remedy locally applied. He had used this remedy as far back as 1862. He used a solution of one drachm of creasote to one ounce of mucilage. Often, one single application to the inflamed parts will suffice to effect a cure. He had seen violent cases recover in forty-eight hours. If there are complications, they must, of course, be met by appropriate agents. But, so far as his observation had gone, he was led to regard diphtheria a local affection merely, confined to the throat and developed by atmospheric influences. If fever and constitutional symptoms existed in some cases, they were the result of the local irritation.

Dr. R. H. Lee said he could not accord with the views of Dr. Knott. Diphtheria was a disease exceedingly fatal, especially in its epidemic form. Trousseau proves it to be contagious. Its constitutional character was manifested by the malaise and other constitutional

symptoms preceding, in some instances, the local affection. Death may result from the blood poison in diphtheria, while in membranous croup, which is local, we have death from asphyxia. Tracheotomy is more likely to be successful in croup than in diphtheria.

Dr. A. R. Alley said: Diphtheria is one of the oldest epidemic diseases of the human race. Even Homer and Hippocrates advanced views, which Bretenneau first sought to prove, that the disease was known even in those times as a disease greatly to be feared. Such was the disease which the ancients were acquainted with, and I differ with Dr. Knott as to diphtheria being a local disease. From my experience with this fearful malady, and from what I have seen of it in its epidemic form, it is a blood disease, highly contagious and capable of being transmitted from person to person, and the contagion of this disease might be carried through the air, thereby producing a toxic condition, which we denominate infection; or it may even be communicated by solid materials, such as furniture of the sick room, utensils, clothes or bed-linen. Children, or susceptible persons, coming in contact with or using these materials, will certainly become affected. Its pathology was considered to be fibrinous exudation, but it may be clearly set forth that it is albuminoid exudation. As to treatment, I have used and seen used nearly all the best known remedies to relieve the throat symptoms, but they have proved insufficient to arrest the fearful ravages of this malignant disease. I have seen used, with good effect, in a few well marked sporadic cases, the following: R.—Chromic acid, 4 to 10 grains to 1 ounce of water; apply three or four times a day to the throat. In a majority of cases, I have seen very little benefit derived from topical application to throat, unless associated with constitutional remedies, such as iron, quinine, chlorate potassium, and stimulants. Its prognosis must be regarded as very unfavorable, as the mortality is fearfully great.

Dr. Pinson remarked that he had seen

but little of the disease, but had experienced it in his own person when a child. It developed suddenly after exposure, the throat symptoms being severe and well marked. He inclined to the local theory of the disease.

Dr. R. C. Word being called upon for his views, remarked that during the greater part of his professional life he had regarded the throat affection in diphtheria as but the local manifestation of a constitutional disease. And until the last few years, a majority of the profession seemed to hold this view.

The *bacterian* theory, a short while ago, had many advocates, it being very plausibly urged that these vegetable parasites, by their local irritation, produced the inflammation and all the throat symptoms, and that by their absorption and entrance into the blood, or the absorption of some poison or septic matter occasioned by them, the constitutional symptoms were produced.

The success which has been attributed to carbolic acid, chlorate of potash and similar agents, known to be anti-parasitic, seemed to strengthen and sustain this view of the subject. But when certain investigators announced that these fungi had been found in localities where the disease had not occurred, and had even been seen upon the gums of healthy persons, this bacterian theory lost ground, and the controversy as to the local or constitutional character of the disease is reopened.

A strong point in favor of its being primarily a constitutional disease, is the not unfrequent malaise, nausea, rigors, headache and other constitutional symptoms that are felt before the appearance of the local anginous symptoms. And it is also asserted that in exceptional instances in this affliction, as with scarlet fever, when an epidemic is prevailing, cases occur having the characteristic fever, sequellæ, etc., and yet without the throat affection; and it is true of scarlet fever, at least, that during its prevalence exceptional cases occur in which the throat symptoms and the eruption are ex-

ceedingly light or entirely absent, thus showing the constitutional character of a disease, which but for these exceptions, might very reasonably be regarded as a local affection merely.

Again, observations upon the pathology of septicæmia indicate most decidedly that septic inoculation is not successful upon healthy tissue, and that septic bacteria, and septic organisms generally, flourish only upon unhealthy or decaying tissues, thus showing that bacteria may be the result rather than the cause of the ulcerated and offensive condition of the throat in diphtheritic patients.

Dr. Word stated that in the treatment of diphtheria he had had very fair success with the saturated solution of the chlorate of potash frequently administered and used also as a gargle. He also gave quinine, and believed that these remedies were useful both as topical and constitutional agents.

Dr. Olmsted: I cannot accept the conclusions of Dr. Knott, concerning the pathology of diphtheria, as they seem to be at variance with the facts revealed by clinical experience.

If diphtheria be a local and not a constitutional disease, and if, as Dr. Knott claims, the formation of the peculiar diphtheritic membrane is the first step in the morbid process, and the cause of the development of the morbid constitutional symptoms always observed, how is it that we have signs of such profound constitutional disturbance, the chill, the fever, (and often great prostration of the vital powers), which usually usher in and precede the manifestation of the characteristic throat lesion? Which in fact, during the prevalence of epidemic diphtheria, are present in some well-marked cases, without the usual throat lesion being observed? The Doctor's assumption that these prodromic symptoms, which appear *before* the formation of the false membranes (so essential to his theory) are due to some irritation of the throat, caused perhaps by the initial process in the formation of the membrane, is a theoretical conception, which has little to support it, either

from our clinical observations, or any facts which the closest observers of the anatomical appearances of the throat have been able to discover. Moreover, if, as Dr. Knott claims, the constitutional symptoms are produced by the passage of the air over the diseased membranes, conveying the morbid material to the lungs, from which it is absorbed into the circulation, we might reasonably expect to find always, or at least *usually*, anatomical appearances in the lungs, characteristic of diphtheria, and the presence of false membranes throughout the bronchial tract. Such is not the case, for while occasionally the false membranes may extend into the small bronchial tubes, as a *rule*, they do not extend beyond the trachea. In conclusion, Dr. Olmsted believes that diphtheria is a constitutional disease, dependent upon the introduction of its peculiar, specific poison (the nature of which remains to be discovered) into the blood; that the chill, fever, etc., indicate such infection, and the characteristic membranes which appear in the throat, or in other parts of the body, are simply the local expression of a constitutional disease, and not a "cause." He also thinks that the decomposition, and other chemical changes, which take place in this membrane, may add a new source of constitutional infection, just as the absorption of any other septic material may do, but this is only a secondary effect.

Dr. T. S. Powell: I doubt that the cases reported by Dr. Roach were genuine diphtheria. The cause which developed the pneumonic symptoms mentioned in the one case might have produced the apparent diphtheritic affection in both. He was, however, not prepared to say much experimentally in regard to diphtheria—having had the good fortune in a long practice to see and treat but few cases of this fearful disease. He believed it to be very imperfectly understood by the profession generally; medical men differ greatly in their opinions as to the cause, pathology and treatment of this affection. He admitted that Dr. Knott's

opinion, as to its local character, was plausible and was vindicated by a respectable and enlightened portion of the profession. But he had always entertained the view that genuine diphtheria was constitutional, the local manifestations in the throat being positive evidences of disease in the blood. He had noticed that scrofulous and tuberculous constitutions were peculiarly liable to this disease, especially in miasmatic localities. In certain of its features and perhaps its nature it was not unlike erysipelas, and should be treated upon the same principal. A definite plan of treatment could not be given for every case. Individual peculiarities must be met by appropriate remedies, but constitutional treatment looking to the elimination of the materies morbi, he thought important, and in many cases indispensable. He had found quinine, iron, and chlorate of potash, the most successful agents to meet these indications.

J. W. Snider, M.D., (*Ohio Medical Recorder*, November, 1877), states that he has used the picrate of ammonium with uniform success in the treatment of intermittent fevers during the autumn just passed. Some of his cases had been treated unsuccessfully with arsenic and the alkaloids of bark. He gave to adults one grain of the picrate, twice each day, until six doses were taken, and after the lapse of a few days, he repeated the dose, to make sure of complete success.—*Detroit Lancet*.

The following method of killing rats is said to be practiced in Germany: A mixture of two parts of well-bruised common squills and three parts of finely-chopped bacon is made into a stiff mass, with as much meal as may be required, and then baked into small cakes, which are put down for the rats to eat. Several correspondents of the German *Agricultural Gazette* writes to announce the complete extirpation of rats and mice from their cow-stalls and piggeries since the adoption of this simple plan.

PRACTICAL NOTES AND FORMULÆ.

PNEUMONIA ABORTED BY VERATRUM VIRIDE.

Dr. A. G. Hobbs writes: I do not claim anything original in the treatment of pneumonia with veratrum viride, but I do claim what I think only the minority of the profession now believes—that veratrum viride, if begun in time, and persisted in sufficiently, will abort many cases of pneumonia. The damp, cool weather of the fall and winter just passed has been prolific in the production of pneumonia; indeed, it has been almost the sole disease that I have had to combat during the last few months, having at times as many as seven and eight cases on hand. But my object is to report nine cases, that I have called aborted cases of pneumonia, and to recall the attention of some of the readers of your journal to the value of veratrum viride in the treatment of pneumonia.

'Tis an old song, I will admit, but one that I consider worthy of repetition. In all the nine cases, I began the treatment immediately, which I regard as a *sine qua non* in the use of this drug.

Nearly all of these cases began with a "bad cold," and a few hours previous to my first visit, a rigor. Upon examination, I found the quick pulse, the high temperature, the short breathing, the flushed cheeks, the dry cough, the pain in the side, and, upon auscultation, the subcrepant and sometimes the crepant rale.

After administering a cathartic, I begin immediately with a solution of quinine and Norwood's tincture, and repeat it in large doses every hour, till the pulse is lowered, or till emesis ensues. When the former, I desist till the pulse begins to rise again; when the latter, I give a small dose of laudanum in ice water to allay the stomach, and after a few hours, if the pulse remains high, return to the solution, and give as before.

After eighteen to twenty-four hours the pulse becomes nearly natural, the temperature is lowered, and the flush has left the cheek. If the fever returns, the solution is again resorted to, and, in most cases, for the last time it is needed. All the symptoms subside except the cough. An expectorant is given to assist in throwing off the sputa, which is but slightly tinged, and the patient is convalescent in from 36 to 48 hours of alternate treatment and rest.

I do not say that all cases of pneumonia will succumb to this treatment. I have found it so in nine out of twelve cases seen immediately after the first symptoms have set in. 'Tis true that all these cases were in children, and it is further true that pneumonia attacks children much more lightly than adults.

In the three remaining cases, the disease went through all its stages in spite of the treatment, and finally succumbed to quinine and carb. ammon.

I was, at first, almost incredulous myself at such results; and in order to confirm my diagnosis, I tested the sputa and urine taken simultaneously, and found that the former contained chlo. sodium, and the latter none, which differentiated the diagnosis between pneumonia and bronchitis.

If my observations have been true and my conclusions correct, these nine cases never reached the second stage; hence, they can be properly called "aborted."

CINCHONIA.

Dr. J. Maul writes: I have been recently testing samples of the above article, prepared by Messrs. Powers & Weightman, Philadelphia.

In a case of menorrhagia, of long and obstinate character, which had resisted all the usual agents, the patient being much reduced, feeble and anæmic, I prescribed as a tonic the cinchonia, combined

with sugar of milk and bicarb. of soda, as in the sample furnished me, and was most agreeably disappointed and surprised to find my patient in a few days greatly relieved, the remedy having proved very efficacious, not only by its tonic property, but by equalizing the circulation, also checking the menorrhagia.

Several weeks have elapsed, and there is no return of the disease. The dose given was four to five grains every three hours during the day, acidulous drinks being allowed. I will mention that the remedy in this case seemed to have a decided anodyne property.

In another case of malarial fever, attended with a dumb chill every day, I prescribed successfully—

Cinchonia, grs. iv.

every two hours, giving three doses previous to the chill; relieved in four days.

I am testing the remedy in a third case, a low grade of typho-malarial fever, attended with slight remissions every morning. In two days use of the remedy, I notice a perceptible improvement, there being a decided prolongation of the morning remission. I have again noticed the anodyne effect above mentioned.

[Information received since the above note was sent us, reports that the last case mentioned yielded to the remedy in a few days.—ED.)

CONSTIPATION.

A writer in the *Clinic* recommends cascara sagrada as an admirable remedy.

R.—Fluid ext. cascara sagrada.....oz. ss.
Aq. cinnamon.....oz. iss.
Sac. alb.....dr. ii.

M. Teaspoonful before each meal.

Another:

R.—Sodæ sulphatis.....20 grs.
Ac. nitro murlatic.....5 drops.

Sig.—Take half hour before breakfast in half glass of water. —Brief.

POST PARTUM HEMORRHAGE.

In a case of secondary post partum hemorrhage, nine days after delivery, we introduced two fingers, removed the clots, and the os being sufficiently dilated, we

inserted therein a pledget of cotton, saturated with tincture of iodine, and over this a tampon, and applied a compress and bandage firmly upon the abdomen, and gave ergot internally. In 48 hours the tampon and pledget were removed, and no further trouble occurred.—ED.

EVAPORATING LOTION.

As an evaporating lotion for an inflamed breast, or for hyperæmia of the conjunctiva where there is heat and swelling of the eyelids, the following is very useful:

R.—Spiritus ætheris nitrici.....dr. i.
Acidi aceticî aromat.....gtt. vi.
Aque distil.....oz. vi.

M. To be sponged over the part three or four times per day.

HYDROCELE.

Dr. Lubin, in a British journal, suggests the following as an injection after operation for hydrocele, as giving rise to much less pain than the old method of using the iodine alone:

R.—Tinct. iodine com.....oz. iij.
Chloroformal.....dr. ijs.

M.

EXCELLENT EYE WATER.

R.—Zinci sulphatis.....gr. iv.
Morphiæ sulphatis.....gr. ij.
Atropiæ sulphatis.....gr. ss.
Aque rosæ.....oz. j

Use as a collyrium.

DR. R. E. HUTCHINS writes: If the following will be of any benefit to the numerous readers of your valuable journal, I herewith submit it to you for publication:

For worms in a child two or three years old:

R.—Santenin;
Hyd. chlor. mlt.,.....ss. grs. xij.

M. and divide into six powders. Sig.—Give one powder morning, noon and night for two days, and on the morning following last dose, give a full dose of castor oil.

I will state that I have used the above prescription for worms nearly two years, and have never known it to fail in a single instance.

BOLTON, Miss., February, 1878.

SCIENTIFIC ITEMS.

SUN-SPOTS AND TERRESTRIAL MAGNETISM.

1. The first coincidence observed was in the field of terrestrial magnetism. "A freely-suspended magnet, although it points in one direction, is nevertheless, within small limits, always in motion. Certain of these motions depend, as is well known, upon the hour of the day; but the magnet is also liable to irregular, abrupt fluctuations, which cannot be connected with the diurnal oscillations. While Hofrath Schwabe was engaged in delineating the sun-spots, Sir Edward Sabine was conducting a series of observations with regard to these spasmodic affections of the needle, and he found that such fluctuations are most frequent in years of high sun-spot activity." Nearly a hundred years ago, Van Swinden had suggested a periodicity in these irregular magnetic movements. Gauss, Arago, Lamont, and Gautier, pursued the research, and established the existence of a cycle of magnetic variation having an eleven-year period, the maxima and minima agreeing with the maxima and minima of sun-spot activity. Schiaparelli and Broun have confirmed these results, and the latter observer concludes that, while the sun-spot activity is not an exact measure of magnetic action, "each is a distinct result due to the same cause." This disturbance is so great that, in years of maximum sun-spots, the working of the telegraph has been powerfully interfered with.—Prof. Youmans, in *Popular Science Monthly for January*.

THE FORCE OF LANGUAGE.

A recent historian of Rome, toward the close of his famous attempt to undeceive the world at large with respect to the genius of Cicero, sums up his argument in the following words: "Ciceronianism is a problem which, in fact, cannot be properly solved, but can only be

resolved into that greater mystery of human nature—language, and the effect of language on the mind."

These words are suggestive—suggestive, too, of a wider question that at first sight appears. That men are influenced by language at least as much as by ideas; that power of expression is intimately associated with mental grasp generally; even that a fascination is exercised by style to which nothing equivalent is found in the accompanying thought—these are acknowledged truths, readily granted. But it is a most singular thing that they are so readily granted; it is singular that the question is not oftener asked, "Why is this so?"

How is it that language, which is but the vehicle of thought, comes to have a force which is not the mere weight of that which it carries? Even where this is not the case, where there is an equivalence of value in both style and ideas, great conceptions being nobly expressed, how is it that the matter and the form seem to have independent claims upon the attention? In a word, what is that in language which is not mere *expressiveness* of the obvious intentions of the writer, but is yet a merit?—T. H. Wright, in *Popular Science Monthly for January*.

Is it not due to the poetical element in our nature, that instinctively enjoys the sound not less than the meaning of words?

TELEPHONIC AUSCULTATION.

A writer in the Medical Press and Circular says: "Last night I listened to a young lady's chest with a telephone; the young lady stood in the hall, and I was in the dining-room, thirty feet away. One cylinder was placed on the chest and the other at my ear, the connecting thread of the little toy being kept quite tense. I heard the healthy sounds of a very healthy chest quite distinctly."—*Louisville Med. News*.

EDITORIAL AND MISCELLANEOUS.

✍ All communications relating to the business of *THE RECORD*, for the years 1877 and 1878, must be addressed to DR. R. C. WORD, Managing Editor Southern Medical Record, Atlanta, Ga.

✍ Brief and practical communications are solicited on all subjects pertaining to medicine; also reports of cases in practice.

✍ Send money by check, postal order or registered letter.

✍ Write your name, post-office, county and State plainly.

SAMPLE COPIES.

The medical gentlemen to whom the present number of this journal is sent as a sample, are requested to subscribe. Try "The Record." Send on your names at once, and get the numbers from January that your volume may be complete. We guarantee that you will find an ample equivalent for the small price of subscription.

STICK TO PRINCIPLE.

A medical friend, Dr. W., of Virginia, in a recent communication, after a very high compliment to the practical features of "The Record," propounds a query relative to an issue which exists in his Medical Society. We thank our friend for his high opinion of our journal, but are not prepared to take sides in the difficulty to which he alludes. There is, however, one rule, which in our own experience, we have endeavored rigidly to adhere to, and that is to find out the principle underlying the matter in controversy, and to openly and boldly espouse that which we believe to be right, no matter whom it offends or whose toes are trod upon. We do not hunt up chances to do this or make it a rule to go out of our own section for this purpose. Yet we do not shirk the truth to "*keep out of difficulties*." That which is right and just should ever be adhered to regardless of mere expediency or policy, and we hesitate not to say to our friend that Davy Crockett's motto was a good one—"Be sure you are right, and then go ahead." We regard decision and firmness as an important element in human character, and confess to little sympathy with the merely neutral or negative man, or the man who tries to please all parties. Such an one does little for himself or others. He has no influence, and like the man who falls between two stools, he is more likely to incur ridicule than sympathy. "The double minded man is unstable in all his ways" says the good Book.

P.

✍ The *Medico-Chirurgical Association*, of this city, unsolicited by the editors, has by resolution adopted our journal as the organ of the association, in which the reports and discussions of that body are to be published.

We appreciate the honor implied by this action of the society, and will, from time to time, report a brief of any matter likely to benefit or interest our subscribers; and if any of our readers take issue with the views expressed upon any important or practical point, they are at liberty to communicate the same through our pages, as it is by the free expression and interchange of views that information is imparted and progress made.

"ALLOPATH" VS. ANY OTHER "PATH."

The term "Allopath" is much used as an opprobrious epithet in some quarters. On a certain occasion, recently, a gentleman of the eclectic persuasion publicly asserted that before his conversion, and while an "Allopath," he had killed his thousands (?). Thousands make regiments, and regiments an army. He was a mighty warrior before the Lord—a perfect angel of death. He does better under a better system. He now only slays his hundreds, we suppose. We congratulate him. Some men are doctors independent of systems, but a correct system helps wonderfully; and all good physicians are true eclectics. We know an "Allopath"—who is an "Allopath" still—who has had better luck in selecting his remedies than our eclectic friend. He does not slay his thousands under that system. He has considerable practice in a large city. He is a student of medical literature, and endeavors to keep himself up to the times. He rejects no remedy that any system advances. During two years and a half, he has lost three patients. He is an "Allopath," but does not abuse eclectics.

✍ *The Arkansas Medical Record*, a new and neat little journal, is on our table; edited by Dr. J. I. Hale, of Little Rock. Success to you, brother Hale.

MEDICAL ASSOCIATION OF GEORGIA.—The Medical Association of Georgia will meet in Atlanta, on Wednesday, the 17th day of April, next.

We learn that a Committee of Arrangements has been appointed for the reception of the members, and that the society will assemble in the Senate chamber at 11 o'clock.

THE MEDICO-CHIRURGICAL ASSOCIATION OF ATLANTA, will hold its regular meetings hereafter on the 1st and 8d Monday evenings of each month.

THE Michigan Medical News, a snug little semi-monthly, has been sent us for exchange. It has quite an able corps of editors. J. J. Mulheron, M. D., managing editor.

PINKLEVILLE, Oregon Co., Mo.,

March 5, 1878.

Dr. R. C. Word:

Will you, or one of your co-editors, or some one of the RECORD's correspondents, please give us an article on "so-called" typhoid-pneumonia—the capillary bronchitis of Flint's practice? I wish, particularly, for the views of a competent Southern practitioner as to pathology and treatment. The disease is very prevalent and very fatal in this section—terminating in death on the 5th—rarely on the 8d, 7th and 12th.

Very respectfully,

S. H. ANDERSON, M. D.

[Would be pleased to have a practical response by some of our readers to the enquiries of Dr. A.—Ed.]

OBITUARY.

Dr. Edward F. Knott, formerly of Griffin, and who resided for a short time in Atlanta, died, in Hampton, Georgia, on the 24th of February last, at the age of 69 years. Dr. Knott was a teacher of medicine many years ago in Georgia, and acquired considerable eminence in his profession. He was the father of our medical friend and fellow-citizen, Dr. J. J. Knott, of Atlanta, and leaves many warm and devoted friends to mourn his departure.

MISFIT CARPETS.—See advertisement of J. A. Bendall, importer and dealer in foreign and domestic carpets. Doctors as well as other people need carpets, and like to know where to get good bargains in this line.

LUDDEN & BATES are the leading piano and music men in the South. We have tried one of their instruments and find it in all respects what they represent. See their advertisement.

BOOK NOTICES.

THE PRACTITIONER'S HAND BOOK OF TREATMENT; or, the Principles of Therapeutics. By J. Miller Fothergill, M.D., member of the Royal College of Physicians of London, etc. Philadelphia: Henry C. Lea, 1877.

Dr. Fothergill attempts, in this work, to explain the *rationale* of therapeutical measures generally employed by the enlightened English practitioner. In this he succeeds. He gives an excellent picture of the more advanced methods of treatment as taught and enforced by our English brethren. Dr. F., in detailing his plan of the work, remarks: "First, the physiology of each subject is given, then the pathology is reviewed, so far as they bear upon the treatment; next, the action of remedies is examined, after which their practical application in concrete prescriptions is furnished." The author does not give undue attention to new remedies, but seeks to "analyze and elucidate the *modus operandi* of the measures in common use." His design "is to furnish to the practitioner reasons"—which the practitioner must exercise if he conscientiously strives to be a competent and useful physician—"for the faith that is in him, and is"—which all, both old and young, need—"a work on medical tactics for the bed-side." The author has spent nine years in gathering materials for his work, and the time he has devoted to this purpose bears most excellent fruitage. It is a work we have perused with more than ordinary interest—one that has afforded us an ample amount of information of practical importance. We hesitate not to recommend it to the active practitioner as a work capitally suited to his wants, and one he will read with pleasure, no less than practical advantage.

THE EAR: Its Anatomy, Physiology, and Diseases. A Practical Treatise for the use of Medical Students and Practitioners. By Charles H. Burnett, A. M., M.D., Aural Surgeon to the Presbyterian Hospital, etc. With Eighty-seven Illustrations. Philadelphia: Henry C. Lea, 1877.

Otology has made great advances of late years; hence, the appearance of this work is not only timely, but necessary. In view of the frequency of calls made upon the practitioner, by patients, with diseases of the ear, the study of these becomes a matter of the greatest importance. He can no longer escape the odium of ignorance of these diseases, when a work so satisfactory as the one before us is within his reach. Knowledge is power no less in practice than in the forum or on the battle-field. Knowledge will tell; and the practitioner who will devote his time in attaining

medical knowledge, to be found in works like the one above, will excel in his vocation. Dr. Burnett has accomplished his undertaking in a most admirable manner. He is abreast of the times, and gives the profession a most useful and delightful work—one, we trust, no reader of the RECORD will fail to purchase and study.

RECOGNITION and Management of the Gouty State in Diseases of the Skin. By L. Duncan Bulkley, A.M., M.D., Physician to the Skin Department of Demilt Dispensary, N. Y., etc.

A paper of much interesting matter, presenting new and practical points connected with the relation existing between the gouty state and skin diseases.

ON the so-called Eczema Marginatum of Hebra-Tinia Cercenata as observed in America. A Clinical Study. By L. Duncan Bulkley, A.M., M.D., Physician to Skin Diseases, etc. Also, **Eczema and Psoriasis.** By the same author.

HEART-CLOTS: A Report of Three Cases, and the Etiology, Diagnosis, Prognosis, and Treatment of Cardiac Thrombosis, based on an Analysis of Sixty-eight Cases, and Physiological Experiments. By Martin L. James, M.D., Lecturer on Practice of Medicine, Medical College of Virginia.

This is a paper of interest upon a subject little understood.

TRANSACTIONS of the Eighth Annual Session of the State Medical Society of Virginia, held in Petersburg, October, 1877.

This is a very able and highly creditable document. As a native Virginian, we confess to a feeling of pride when we see these transactions replete with instructive and valuable papers from medical gentlemen, many of whom we know personally, as men at the very top of the profession in the Union, a fact well exhibited in the learned and instructive articles contained in this volume. We regret that we have not space to review their papers in detail. The able address of President James L. Cabell opens the volume; then follow the instructive and interesting papers of Dr. W. C. Randolph, on "The Study of Medicine;" Dr. Ellzey, on "The Application of Chemistry in Medical-Legal Science;" Dr. Preston, on "Advances in Obstetrics;" Dr. Apperson, on "Advances in the Practice of Medicine;" Dr. Joynes, on "Advances in Hygiene and Public Health;" Dr. Wellford, on "Poisoning by Custards and Ice Creams;" Dr. Page, on "Epidemic Zymotic Diseases of Animals;" Dr. James, on "Heart-clots;" Dr. Selden, on "Fractures of the Neck of the Femur Within the Capsule;" Dr. Chancellor, on "Iodoform as a Local Remedy;" closing with an inter-

esting discussion on "Instrumental Labor," and "Report of the Neurological Committee."

The following are the officers elect for the present year:

J. H. Claiburn, M.D., President.
Oscar Wiley, M.D., First Vice-President.
J. R. Goodwin, M.D., Second Vice-President.
J. E. Parrish, M.D., Third Vice-President.
W. C. Randolph, M.D., Fourth Vice-President.
W. S. Love, M.D., Fifth Vice-President.
J. S. Wellford, M.D., Sixth Vice-President.
L. B. Edwards, M.D., Secretary and Treasurer.
C. Tompkins, M.D., Corresponding Secretary.

P.

TRANSACTIONS of the Medical Society of the State of North Carolina, at the May meeting in Salem, 1877.

We have just discovered that a copy of the above, kindly sent us by a medical friend sometime ago, though reviewed and sent to the printer, was unintentionally overlooked.

There was a good attendance at the last meeting. An address of welcome, by Colonel Pattison, was handsomely responded to by the President, Dr. Foote.

A number of interesting cases were reported and discussed.

Dr. Holmes, chairman of the Committee on Schools, submitted a scathing criticism on the "So called Medical College" in the county of Robeson. The principal, Hector McLean, and a young, incompetent man, his son, constitute the entire faculty, and have been issuing diplomas to medical students.

An interesting and somewhat elaborate paper on Epilepsy was presented by Eugene Grissom, M.D., Superintendent of the Insane Asylum of North Carolina. Also, valuable reports by W. W. Lane, M.D., A. G. Carr, M.D.

The valedictory address was delivered by Dr. George A. Foote. It was able and practical.

The present officers are as follows:

Dr. R. L. Payne, President.
Dr. F. M. Rountree, First V. P.
Dr. Richard Anderson, Second V. P.
Dr. S. B. Flowers, Third V. P.
Dr. L. A. Smith, Fourth V. P.
Dr. Julian Picot, Secretary.
Dr. A. G. Carr, Treasurer.
Dr. W. T. Ennett, Orator.

The next meeting of the society will be held at Goldsboro, on the 14th of May next.

Several interesting pamphlets cannot be noticed in present issue for want of space.

COUNTER STATEMENT by William R. Warner & Co., in reply to an article from Bullock & Crenshaw in the January number of the Southern Medical Record.

In an article, published in a previous number of the "Southern Medical Record," written in the interest of the firm of Bullock & Crenshaw, with other statements, claim was made to priority for them in the manufacture of sugar-coated pills. We presumed that these statements were furnished the writer, and have since been informed that such was the case; they said the article was unsolicited. To the claim of priority we made a reply in the November number of the same journal, denying its accuracy. In the January number a rejoinder appeared, in which it is acknowledged that "W. R. Warner supplied them with sugar-coated pills at a stipulated price;" but set up a justification of their claim by the fact that the pills were labelled and sold as their manufacture, and that he was not known in the matter. We have the original books of entry to show the debits made against this house for pills so furnished, which were manufactured at the store of W. R. Warner, in a remote part of the city; and visited but once by one member of that firm, about the close of the eighth year. How does this compare with their statement, that no other firm or individual was similarly engaged in the State of Pennsylvania? This is a question, however, of little importance contrasted with the endeavor on their part to lessen the merit of the regular Centennial Judges, by casting an insinuation on account of the appointment of the supplementary judges. Director General Goshorn says:

"Under the system of awards adopted by the Centennial Commission, the governments represented in the Exhibition designated judges selected for their special knowledge of the subjects assigned them to report upon, including some of the most eminent scientists in the world. The character of the judges, and the careful attention which they gave to their examinations, afford assurance that their reports generally will embody a record of the latest advances made in the industries submitted to their inspection.

The sting at Dr. J. H. Thompson, one of the judges, in which he is styled as being "so active," has no meaning, or else it is an insinuation with which he can deal in his own way. We delayed this answer, in the hope of hearing from Professor Thompson, who is now in Europe, and for the purpose of taking some evidence which we had intended using in this connection. Supplementary judges were not appointed for any fault or inexcusable omission on the part of the primary judges, but for the purpose of looking after exhibits that had been overlooked or not classified, and for the purpose of hearing appeals. This led to the very general distribution of awards. The primary judges had discriminated in favor of the most meritorious and had taken great pains in their examinations. In our case, the laboratory was visited, processes examined, samples of pills taken and submitted to chemical analysis, and their rel-

ative solubility tested. This group of judges comprised men, among the most eminent in the professions of medicine and chemistry. The language of their award reads as follows:

"The sugar coated pills of Wm. R. Warner & Co., are soluble, reliable and unsurpassed in the perfection of sugar-coating, thorough composition and accurate sub-division. The pills of phosphorus are worthy of special notice. The element is thoroughly diffused and sub-divided, yet perfectly protected from oxidation."

The supplementary group of judges consisted of three gentlemen, eminent in their respective professions and whom we highly honor and respect. One is a surgeon, one a naturalist and one a machinist. When asked to examine our exhibit they refused, saying, it had been examined; but, they made an award to Bullock and Crenshaw, the language of which will be seen in the official catalogue of awards, as follows: "Commended for superior workmanship, quality and fitness for purposes intended." They, B and C., publish that they "received a diploma and medal for superiority of quality and finish," and on the adjoining page, "superiority of finish and purity of ingredients."

On this comment is unnecessary. With the exception of a few special gold medals, for the Corlies Engine, etc., there was but one grade of award, consisting of a bronze medal and a diploma. The text of the award constitutes its value, and it is generally acknowledged that the awards made by the primary judges are of greater value and importance.

They also lay claim to language never used, in the following, taken from a calendar now before us:

"A paper, read at the annual meeting of the American Pharmaceutical Association, Boston, 1875, asserts that careful experiments made with fair samples of the best pills in the market, B. & C.'s sugar coated having been selected, that of the three forms of the ready-made pills of the day in general use, sugar coated pills are to be prepared in point of solubility."

Reference to the article does not show any superiority of their sugar coated pills over any others similarly coated; three makes having been used, and no names mentioned. The experiments were simply directed to the question as to the superior merits of gelatin or sugar, as a material for coating. We cite this as an additional illustration of their disingenuousness.

It

WM. R. WARNER & Co.

RECEIVED.—Drs Lockwood Allison, S M Hogan, A B Loving, '77; N G West, E H Edwards, E Wheeler, J W Baker, W L Johnson, John Fale, J W Ethridge, J A Field, G W Allen, W H Lindsey, R J McMullen, T B Calling, N W McRee, E H Hurst, Tho J Hendley, R D Jacobs, G W Smith, '77; Tho B Meacham, J T Cleveland, A L East, Arnold & Quinn, Jno Hardamon, H T Shiell, 6 mas, W H Stewart, H J Walker, T W Spruell, J T & J F Alford, W T Gresham, M A Anderson, Gillespie & Payne, A Williamson, W L Posey, D Hagood, E R Young, B M Walker, '76 and '77; Henderson & Robertson, D G Hunt, E P Booth.

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EDITORS:


THOMAS S. POWELL, M. D.

W. T. GOLDSMITH, M. D.

R. C. WORD, M. D.

R. C. WORD, M. D., Managing Editor.

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ORIGINAL AND SELECTED ARTICLES.

EARLY RUPTURE OF MEMBRANES.

By W. S. POSEY, M.D., of Sulphur Bluff, Texas.

I am only a plain country practitioner, and it is not without fear of being considered impertinent that I here urge an objection to a time-honored practice of the fathers of medicine and their illustrious successors.

On page 27 of the January number of the RECORD, we find a paragraph on early rupture of membranes, closing with these words: "Meddlesome midwifery is bad." I have heard this quotation over twenty-five years without knowing the author or understanding the range or scope of its meaning. It was a favorite expression with my highly gifted preceptor, late Professor John M. Watson, of the University of Nashville. "Meddlesome midwifery!" May I not say with the same

propriety, meddlesome surgery, or meddlesome practice in the common diseases of our country? The surgeon skillfully plunges the knife to the hilt for the relief of severe injuries or malignant diseases, without the fear of any one saying "meddlesome." With like promptness and skill should the obstetrician try to "improve on nature's processes" when nature is inadequate to the task and his patient under volcanic throes of labor. Why has obstetrics been reduced to a science and taught as an art, if we are not to "seek to improve on nature's tardy and unsatisfactory processes?" It should be regarded a duty as well as a privilege, by all scientific and honorable means and plans, to alleviate the parturient woman. With this object in view, I frequently rupture the membranes early, and I think I have saved quite a number from instrumental labor by so doing. I have noticed for years a circumstance connected

with the amniotic membranes that I have not seen on record, viz: in their circumferences I have found the membranes so small that though the fetus and liquor amnii would distend them to their utmost capacity, they never bag nor protrude through the os, and when the pains come on, though they feel as tight as a drum-head, they fail to press upon or distend the os. The result of this condition is that the uterine muscular fibres are powerless, not by reason of over-distention or dropsy of the amnion, but rather want of size and elasticity of the uterine membranes. This is a different case to that of dropsy of the amnion. An excessive quantity of liquor amnii may likewise cause lingering labor, the uterine fibres being distended beyond the point of contraction. To distinguish the condition to which I allude, introduce the finger or fingers. The vagina and perineum are in a state of distensibility. The sacro-ischiatic and coccygeal ligatures flacid and soft, the os is dilated to the size of a silver dollar or more. Turn the finger around and upwards, and you feel a tense slick elastic membrane, firm and tight upon pressure. When a pain comes on, the child's head descends, the waters splash and separate and pass up, while the head presses feebly on the os. The pains simulate cramp. The old ladies will tell you the pains are "working up, doctor, they must work down." Hours are whiled away and no progress is made in the labor, but dreadful suffering to the exhaustion of the vital forces. Here is nature's process forcibly exemplified.

Treatment.—Lay aside your *prejudice*, ergot and teas, rupture the membranes and let the woman get down to her work. The waters will flow, the uterus will contract, the fibres will get up to their responsible duty, the head will engage the straits, and soon delivery will be accomplished.

We offer an imperfect report of two cases, from quite a number, as an illustration of the propriety of early rupture of the membranes:

CASE NO. 1.

Mrs. —, æt. 22, in her second confinement; utero gestation completed; had hooping cough; took a chill at 9 o'clock a. m. January 20th; saw her at 5 o'clock p. m. same day; fever very high; skin hot and dry; tongue coated; dreadful pain in her head; light eclampsia; pain in back, which extends around the abdomen; pulse quick and small; vagina hot and dry; os not dilated. Four o'clock, January 21, her fever had declined a little; headache a little better. True labor set in from this hour until 9 o'clock, and progressed very slowly and with much suffering. To fight against so many enemies—hooping cough, fever, eclampsia, pressed us to our wits' end. Nine o'clock, labor pains bearing down, vagina relaxed and well lubricated, os dilated to size of silver dollar, thin and yielding, and the membranes protruded about one inch and a half. I ruptured the membranes and lifted the head of the child with my finger, and the waters flowed freely, and the woman was safely delivered in twenty-seven minutes after the membranes were ruptured.

CASE NO. 2.

Called to see Mrs. — February 14, 23 years old, second confinement; utero gestation completed; had diarrhoea for two weeks, which resulted in dysentery; pulse 110; tongue coated; high fever; skin hot and dry; pains all over, but worse in head and back; vagina and perineum relaxed, hot and dry; os dilated so I could press my finger through; uterine pains tolerably strong. My treatment suspended the labor until the next day, 15th, when it was apparent that I could no longer await the operations of nature, the patient being much exhausted and her general constitution no better. The expulsive pains were very severe, but the membranes did not protrude or bag; they were tight as above described. I introduced my fingers inside the os uteri, and ruptured the membranes. A very large quantity of liquor amnii escaped,

to the indescribable relief of my patient, and the labor ended in fifty-two minutes, placenta and all.

The reader will see that I have attempted to state facts, without arguing questions, in the fewest words possible, on account of the limited size and valuable space in the RECORD. What a pity that this most excellent and popular of all the valuable medical periodicals in the South could not be enlarged and still more widely sustained.

SOCIETY REPORTS.

THE ATLANTA MEDICO-CHIRURGICAL ASSOCIATION.

REPORTED BY DR. WORD.

Monday Evening, March 18.

Dr. G. G. Crawford in the Chair.

Dr. A. R. Alley asked the views of members relative to the treatment of goiter—having a case under treatment on a girl 16 years of age. The patient was pale and anæmic. The tumor was yet small. The iodine treatment was under trial.

Dr. Roach had found the treatment of goiter very unsatisfactory. Constitutional treatment was indicated in this case, but the prognosis in general he regarded very unfavorable as to the eradication of the disease or entire removal of the tumor.

Dr. W. R. D. Thompson advised the application of a belladonna plaster to the tumor for 48 hours to soften and relax the tissues, to be followed by the persevering use of the iodide of iron internally, to build up the general health.

Dr. J. J. Knott stated that he had treated a case successfully in 1876. There was amenorrhea in the case—uterine derangement is a frequent accompaniment of this disease. He used in the case referred to, the iodide of potash, with bark, and pyrophosphate of iron internally; also used aloes and iron to regulate the catamenia.

Dr. R. C. Word said that in the case reported, being in so young a subject, and the tumor so small there was hope of recovery. He advised the persevering use of iodine ointment to the tumor, and the internal administration of iodoform and iron, as a tonic alterative and resolvent.

Dr. Powell being requested to give his opinion, stated that he did not believe he could throw any additional light upon the subject. He would merely say in reply to the question of Dr. Alley, that the treatment of goiter, especially the local treatment, should depend upon the nature of the enlargement—there being several kinds known as goiter. He believed the best treatment in all cases was the internal administration of iodide of potassium, and the application of the tincture of iodine to the parts, and to be injected in all the forms except the vascular. He was of the opinion, however, that the disease was often hereditary, as he had known it to exist in two and three members of the same family, and had observed that such cases seldom, if ever, recovered. Cases resulting from general bad health were amenable to remedies and were often cured by treatment directed according to the nature and cause of the disease.

Dr. J. J. Knott stated that he thought the disease was not hereditary in any case, and could not recall, in his reading, any authority for the hereditary theory. The disease seemed to be confined, as a rule, to certain localities, particularly in Switzerland and other mountainous countries, and was more likely dependent upon an excess of lime in the water; it might be the absence of salt and iodine, or to other endemic or local influences. He regarded iodine almost as a specific, especially in the early stages of the disease.

Dr. Powell replied that he was aware that authors stated that the disease was very common in the mountainous districts, especially of the Alps, and that it was attributed to some peculiarity of the water, but all agree that this opinion was

based upon no satisfactory evidence. He used the word hereditary because it is appropriately applied to all diseases communicated by the parent to the offspring, and that it was an established fact that diseases of the glands could be transmitted in the mysterious process of generation as well as diseases of the lungs, joints, eyes and skin. If his friend Dr. Knott will consult the catalogues of the Nosologists, he will find very few diseases that are not capable of such transmission, and properly denominated hereditary.

Dr. E. J. Roach reported a labor case—a face presentation, the mouth presenting. It was a primapara, and the labor continued from Thursday until Monday morning. The waters were discharged on Friday night. He did not see the case until Saturday, a “granny” having been in charge. The case righted itself spontaneously on Monday morning. How was this to be accounted for after so long a time? There were circumstances which led him to hope and wait in this case; but are not such results exceedingly rare?

Dr. Powell stated that spontaneous version in face presentation was dependent upon circumstances. The most frequent cause of face presentations, as stated by authors, is obliquity of the womb. They are not face presentations in the beginning, but forehead cases, which are frequently adjusted spontaneously, particularly if the chin presented under the pubis; therefore, the great object in all face presentations should be to bring the chin to the pubic arch, and leave the rest to nature; otherwise, should the vertex present to the pubis and the chin towards the posterior part of the pelvis, efforts should be made to convert it into a vertex position in order to prevent the difficulty that would necessarily occur from throwing a five inch diameter of the head into a four or four and a half inch diameter of the pelvis. But should it not be possible to avoid this position, we must do the best we can; first, attempt to push up the head and bring down the vertex.

If labor is far advanced, this manœuvre will seldom succeed, and should the pelvic version be also impossible for the same reason, instruments should be resorted to: first the lever, then the common forceps and crotchet. With these the desired change is often effected, provided the operator is thoroughly acquainted with the mechanism of labor and the movements to be made in each particular case; but in some cases the best directed efforts will prove abortive, and the perforator and embryotomy forceps must be resorted to.

Dr. W. R. D. Thompson stated that such malpresentations were not likely to occur before the entrance of the fetus into the superior strait. He thought that bad handling was the usual cause of such difficulties.

Dr. Knott said he had encountered a similar case to the one mentioned, caused by the manipulations of a midwife. He succeeded in rectifying the position and delivering the child.

Dr. Word reported a case of miscarriage at four and a half months, in which much trouble was encountered in the delivery of the after-birth, and inquired as to the practice of members in such cases. It had been his rule, in all instances where the hemorrhage was excessive, whether the result of a partially detached ovum or placenta, to deliver by placing the heels of the patient to the buttocks, the body being slightly elevated; then by pressure with one hand above the symphysis to force down the womb, and with one or two fingers in the vagina to detach and remove the contents of the uterus. But in the case reported, this plan, by reason of the unusual depth of the pelvis and the firm attachment of the placenta, was found impracticable for the first time in his experience.

Dr. J. J. Knott stated that he thought there was very little risk from retained placenta in abortion. Had known it retained many days without any unfavorable results.

Dr. Thompson concurred with Dr.

Knott. There was no serious danger from retained after-birth in these premature cases; mentioned a case at the fourth month, in which all efforts to deliver the secundines failed, and which was not discharged until the fourteenth day.

Dr. A. R. Alley mentioned a case of abortion at the fourth month—a retained placenta; was attended by a black, grumous, fetid discharge. Portions were detached and removed. Under the use of whisky and ergot, it was all finally expelled. Thinks that there must be much danger from absorption of septic matter in such cases, for which reason, considers the early removal of the placenta important.

Dr. Powell: The placenta is not well developed at so early a stage of labor. In abortion, previous to the fourth month, it is not necessary to make any great effort to deliver the membranes. Certain authors have recommended forceps and scoops for this purpose, but these are now generally discarded. In more advanced cases, or at full time, there might be risk for the placenta to remain longer than a day or two, but in these early cases may be let alone, and antiseptic washes used and chlorate of potash given internally. In the case of Dr. Word, the placenta was probably adherent or partially detached. In such cases, a reasonable effort having failed, I use the tampon. It is safe to use the tampon in such cases, because the womb is small, and cannot, therefore, hold blood enough to endanger the patient. At full time, this would not be the case, and the tampon would not be admissible, and it might be necessary to introduce the hand into the womb, secure its contraction, and deliver the after-birth. In normal cases, unattended by excessive hemorrhage, he did not adopt the practice so fashionable of late of the speedy delivery of the after-birth.

Dr. H. B. Lee differed with Dr. Powell on the point last mentioned: placenta should be delivered at once; concealed hemorrhage sometimes resulted from de-

lay. The parts are less sensitive immediately after the delivery, and less pain is occasioned by the removal. Use pressure upon the womb externally, secure its contraction, follow it down and deliver. If partially detached, all agree that it should be removed. If wholly detached, certainly no harm can result from its removal. It was seldom necessary to introduce the hand into the womb. One or two fingers usually could accomplish the object.

CORROSIVE SUBLIMATE IN DYSENTERY.

BY CHARLES H. HALL, M.D., of Macon, Ga.

A married woman, of twenty-eight, applied to me through her husband. For two months she had been daily having from ten to twenty straining, painful operations, fæces sometimes natural, yet afterward mucus and blood; and again fæces soft, mucous and blood intermixed. He represented that she had no fever; may possibly have had some in the beginning; she was weak; had no appetite and suffered continual pain. Had been treated by a physician with castor oil, frequently repeated as a purgative, opium, etc. I gave him one-half grain of corrosive sublimate, dissolved in eight ounces of water, directing that she should take four teaspoonsful of this each day. He reported in one week that his wife was very much better, but still had four or five actions each day, and very much of the same character. I continued the mercurial, same dose, and directed five grains of sulphate of copper in a pint of water, to be used twice daily by enema. Reported in a week that his wife was well.

A negro man of fifty came to me first of January, 1877. For six months he had been troubled each day with teasing desire to stool, and would pass mucus and blood at each effort; no fever; considerable emaciation. Tongue was so coated with tobacco that I could gain no

information from its appearance. There were no piles; neither had been. He had taken castor oil, opium and other medicines as prescribed. My diagnosis was catarrh of rectum. I gave him half gr. corrosive sublimate in a pint of water, directing him to take a teaspoonful every two hours. He reported in a week, saying he was much better than he had been for months. Continued treatment; met him accidentally one month afterward; he said he was entirely well and working every day.

November, 1876. A lady of twenty-six years. For eighteen months she had suffered with frequent discharges from her bowels. For days she would have small, frequent and intensely painful discharges of mucus and blood. Suddenly these would cease, and she would have large, very thin and offensive actions, and these very frequent. She was greatly emaciated, her tongue reddish, very smooth, something like the surface of a glass. Her appetite was variable, sometimes morbid, and then again, having a loathing of all food. Her abdomen was tender and flat. She was up, and attempting to keep house, but very feeble. She had been under various treatments, lay and professional; was convinced that no good would result from any treatment, especially averse to "bad-tasting medicine." Diagnosing a chronic catarrhal condition of whole alimentary mucus membrane, I prescribed one grain of corrosive sublimate to a pint of water, teaspoonful every two hours; five grains of salicin three times a day. To have, per anum, an injection of sulphate of copper (five grains to a pint of water.) Salicin was discontinued after one week, and the corrosive sublimate continued for three weeks longer. In January, two months after my first visit, she had gained flesh wonderfully. Her actions were free from blood and mucus, and had been for four weeks. In twenty-four hours she would have from two to five rather loose actions. Abdomen was no longer tender. She was very much stronger, and very

hopeful of final cure. Bismuth and tonic were prescribed. First of March she reported herself well.

A girl of eleven years. For months she had had an affection of the bowels; was very pale; had lost much flesh; appetite variable and capricious. She would have a natural-looking action, but accompanied with great pain, and around the fæces mucus and blood. This probably once or twice in twenty-four hours, but all through the day and night, as much as fifteen or twenty times, she would have small discharges of nothing but mucus and blood, with great straining and pain. She had been treated by many doctors. I examined her rectum, but could discover no fissure, ulcer, or piles. Diagnosing a chronic catarrh of rectum, prescribed small doses of mercury and chalk; and as her digestion was imperfect, pepsin, ten grains with each meal. She soon evidenced improvement, and in three months was dismissed perfectly well.

A lady, about twenty-five, had been three weeks sick with rheumatism; was taken with an intercurrent dysentery; stools very frequent, slimy and bloody; great tenderness. I found her taking laudanum very freely. She was the patient of another physician; he being called out of town, I was called in. I stopped the laudanum and the rheumatic remedies; gave her one hundredth of a grain of corrosive sublimate every two hours. In twelve hours she was greatly relieved, and in forty-eight hours had no further trouble.

A quadroon woman, of twenty or twenty-five years, had been sick three days, discharging from her bowels blood and mucus, with a great deal of tenesmus, considerable tenderness over the whole abdomen; high fever. Prescribed castor oil; quinine, as an antipyretic, twenty grains in two doses. Turpentine stupes over the abdomen; laudanum to be given as soon as oil acted. Next day my patient was no better in any particular; oil had acted, laudanum, etc., been given.

Continued quinine (eighteen grains in two doses;) ordered one-half grain of corrosive sublimate in half a pint of water, teaspoonful every two hours. Next day fever was not quite so high, dysentery possibly slightly better, discharges not so frequent and tenesmus not so distressing. Continued quinine and corrosive sublimate. Fourth day—Temperature normal; tenderness over the abdomen greatly improved; reported only two actions since last visit, much more fecal in character. Stopped quinine, continued mercury. Patient had no further trouble.

These cases are taken from my case-book, to illustrate the efficacy of "small and frequently repeated doses" of mercury in this disease. There cannot be any doubt of the success, in the great majority of cases, of this method of treatment. I could furnish records of many more successful cases, and a few unsuccessful ones, treated in this manner. My success so far has been very gratifying, greatly preponderating. Ringer, who advises it in his book, deserves no credit for it except for popularizing it. Any one curious on the subject of his small doses, not only in this disease, but in almost every other one of his recommendations, has only to refer to homœopathic works and find that he has plagiarized. Take up any one of their works, even the domestic manuals of twenty-five years ago, and you will find corrosive sublimate put at the head of the list of remedies in dysentery. Although a regular physician of the strictest sect, I believe we should give credit even to irregulars where they deserve it.—*Med. and Surg. Rep.*

THE USE OF COLD AND HEAT IN FEVERS.

By FRANK ALFORT, M.D., SYCAMORE, ILL.

In the treatment of the febrile state there are two methods of procedure, one of which is endorsed by a large portion of the profession both in this country and Europe, the other is struggling for a posi-

tion, and already numbers among its advocates some of the best names known to medicine. They are apparently so diametrically opposite in their action as to excite the inquiry why they can both be used in dealing with the same affections. I have reference to the external application of cold and of heat. So pertinent indeed is the query that it is well worth while to stop and consider if the results of their employment may not be similar, although the means used are so different.

Internal heat is one of the most important of all the factors concerned in fevers of every description, and is invariably present. The extent to which it is found in each individual case militates largely for or against the recovery of the patient. It is therefore of great moment that some means be found by which we may nearly or quite free the system of this exalted internal temperature; bearing in mind always that *heat* is not the disease, but the result of the retention within the body of the products of excretion.

Probably more than to medicine the profession looks to either one of these remedies (cold or heat) to bring about this end. Let us then briefly analyze the action of each, after which we may, by a comparison of their merits and demerits, arrive at a conclusion as to which we may look upon with the greatest reliance for the accomplishment of the object in view. First, then, as to cold. The first effect produced is a shock, which for the time being paralyzes the nerves controlling the vascular system, throws the blood to the viscera, closes the pores of the skin and exalts the internal temperature. In a short time a reaction generally sets in. The blood flows to the surface and relieves visceral congestion, the pores of the skin are opened, a gentle perspiration suffuses the body, and the temperature is reduced a certain number of degrees. Very soon a counteraction commences, the blood recedes from the surface and the original, or even more than the original, degree of internal heat is present.

Upon the application of heat the action on the system is about as follows: In the first place, the blood gradually leaves the viscera and seeks the surface. The pores are opened and a perspiration breaks forth, which soon becomes profuse, and, as the system is emptied of the accumulated poisons, the temperature is reduced a certain number of degrees. After the heat is reduced and the perspiration limited, the temperature of the body again runs up to or within one or two degrees of the original, sometimes equalling it; but under proper management, in a fairly commenced case of fever, where the disease terminated favorably, I have never seen it exceed it. These may be said to be the respective actions of the two remedies.

It will be observed, that whereas with cold, shock and exaltation of temperature, are the effects produced; with heat there is no shock, no exaltation of temperature, and the good results at once become manifest. I have said in reference to cold, "a reaction *generally* sets in." I have heard and read of cases where patients never recovered; death occurring from the shock. The reaction then, does not always occur, in which case death is the result. It is reaction therefore, which does the good, indeed which saves the patient's life from the first effects of the remedy, viz: closure of the cutaneous pores, shock, and increased visceral congestion. If I may use a non-medical illustration, the application of cold, is like the experiment of Mr. Squeers, who almost knocks poor Smike off the trunk with one hand, and saves him from falling with the other. It is not then to the immediate effect of cold to which the benefit may be ascribed, but to the powerful recoil of the system, from the shock produced by the application of cold.

To bear me out in these assertions, I will quote the words of the editor of the *British Medical Journal*, while speaking of the external application of cold in fevers: "The only contra-indications to this treatment, are, first of all, hemor-

rhage from the bowels in typhoid fever, even if it be present in the slightest degree, perforation also precludes its continuance." These sentiments are from the pen of an advocate of this method of procedure, and they would seem to show, that notwithstanding a reaction may take place, it is erroneous practice to plunge the patient into a cold affusion, thus still further congesting the already highly inflamed viscera. In the treatment of the febriculae, we must bear one idea constantly in mind, viz: at present we have no specifics for this state, and we must treat the symptoms. The patient should be placed in the best possible general condition to recover. If any organ or organs are found to be acting improperly, the error should be corrected. Perhaps more important than all, we must see to it, that the secretory and eliminative organs are acting with a normal, and even more than a normal degree of activity. Therefore, when we see, as we do, almost if not quite invariably, in the febrile state, that while more urea, carbonic acid, and other eliminative materials are produced, yet the quantity of these substances cast off, is *less* than in health, we must aim, by every possible means, to correct the error.

No one can doubt the usefulness of the skin as an excretory organ, in this predicament, and to it we should direct our attention first. I say "first" because the kidneys, bladder, etc., are in such a congested and diseased condition, that they are largely incapacitated for work, and only by a vicarious elimination can they be relieved of this state, and rendered equal to the task assigned them.

Dr. Davis says that the only two cases of complete suppression of urine which have ever occurred in his own practice, following scarlet fever, were benefited only by those remedies which promoted the elimination of the retained elements through the skin, kidneys, and bowels. In these severe cases, specifics were set aside, and only such means adopted as were directed to placing the

system in the nearest to a normal condition possible, viz: by looking to the excretions. If such treatment is correct in the severer cases, why is it not just as reliable in milder ones? And yet how often do practitioners tamper in the beginning of fevers with so-called "specifics," etc., who are compelled, when the disease becomes of an alarming type, to resort to remedies controlling elimination.

Considering the foregoing facts, we are led to conclude, that profuse and steady perspiration is a most desirable and important end to be attained.

It would appear that fever is simply a state of innervation produced by the septic influences of a (possible) "fever-poison," and kept alive by the non-elimination of natural and abnormal elements of excretion that should be cast off. The delirium and coma of scarlet fever are, then, simply symptoms produced by this innervated state, and the retention and circulation in the tissues of the brain of the manufactured, but not excreted poisons.

A comparison of the reduction of temperature, produced respectively by the application of external cold or heat, shows that the former is the most decided in its action. Dr. Beal cites cases from the practice of Dr. Wilson Fox, where the temperature was reduced by a single immersion, eleven degrees. The reduction by heat has never, so far as I can learn, equalled this by several degrees. This might at first be deemed an argument in favor of cold. On the contrary, it is one against it, for there can be no doubt that such rapid and eccentric changes are generally of positive injury. We must bear in mind that, after this excessive reduction of temperature, a counteraction takes place, and the thermometer will in a very short time register a rise of as many, and generally more than as many, degrees as were previously lost. Such decided and sudden changes cannot be of benefit. What we want is a gradual but sure de-

clination of temperature, such as we obtain from the proper application of external heat. The temperature in this mode of treatment, under proper circumstances, and if the "sweat" is given often enough, rarely returns to its former height, but will register a sure loss, although it is not so rapid as in the treatment by cold. In this particular I would say that Dr. T. Clifford Albutt, A. M., an advocate of the "cold bath treatment," states that a too rapid diminution of temperature is positively injurious in fevers. With this idea in mind, he endeavors, while still clinging to the "cold bath," to somewhat modify the application of it, in order that so rapid a diminution may not be produced. Another reason why the "cold bath" should not be used, is that the patient requires too much careful watching, such as it is almost impossible for a physician in full practice to give. Again, Dr. Albutt says: "I would urge the continual presence of a medical man. The whole treatment must be managed with the utmost precision, and all tendencies to shiver or syncope, should be watched by a skillful observer, or irreparable damage may be done in five minutes." Now it is evident that only in a hospital can a physician be constantly with his patient (and even there it would be difficult), to act *immediately* upon the approach of certain symptoms, and a physician would hardly feel justified in placing such a powerful and easily fatal remedy in the hands of the laity. Is it then proper to continue the use of this remedy, so potent for evil, while we have, in heat, an agent capable of doing more good, with no practical risks, provided the patient receives reasonable care from a competent nurse, in the absence of the physician?

A comparison of the merits and demerits of the external application of heat or cold, in the treatment of fevers, may assist in reaching a conclusion as to which is to be preferred, and for this purpose I submit the following table:

Heat.

No shock is experienced upon applying the remedy.

Perspiration soon follows the application of heat.

A gradual declination of temperature is observed.

The temperature is not apt to rise above that registered at the commencement of the application, after the same.

Profuse perspiration is produced, and it does not require to keep the temperature down, as many applications per diem as with the application of cold.

Only a reasonable amount of care and watching is required.

Cold.

A shock is experienced.

Perspiration does not take place for some time after cold has been applied, and it is dependent upon a reaction, which may or may not take place. In the latter event, a fatal result is apt to occur.

A sudden and great declination of temperature is observed.

The reverse is the rule.

Only a gentle perspiration is produced.

Directly the reverse is true.

—*Chicago Medical Examiner.*

THE PREVENTIVE TREATMENT OF PUERPERAL FEVER.

By S. E. ROBINSON, M.D., of West Union, Iowa.

In No. 20, Vol. xxxvii, *Medical and Surgical Reporter*, I find a notice, under "Periscope," of "Local and Preventive Treatment of Puerperal Fever," from Dr. Fritsch. I have for sometime been surprised to see little under that head in our medical periodicals. We should have had many articles from the pens of the best men in the profession, calling attention to the prophylaxis in this serious disease.

A few years since, in the discussion of a paper on puerperal fever, presented to the Iowa State Medical Society, Professor Cleaver, of Keokuk, remarked that he could say very little as to the best methods of treatment in this disease, for

the reason that he had not seen a case in his own practice for a number of years, or at least, not when his directions had been followed in the treatment of the post-partum period. I was surprised—I may say astonished—to hear that from a man of his standing and extensive practice in midwifery; for, practicing as I do, in a small town, with decidedly healthful surroundings, and doing a not remarkably large obstetric business, I was in the habit of seeing several cases annually, and I was confident that I used at least ordinary care and skill in the management of my patients.

Dr. Cleaver went on to say that he uniformly directed a copious vaginal injection of carbolic water, two, three or four times a day, for several days following delivery, and that in no case, where his directions were obeyed, had he seen a case of puerperal fever.

I may not have reported here just the doctor's language, but have given the substance of his remark. I do not remember just how he prepared the fluid for injection, just the quantity of carbolic acid to the pint of water (he never used less than a pint at each operation, I think), but ever since I got the idea from him, I have used it in practice with perfect success, as have several of my professional neighbors and friends, and I do not doubt many others are doing the same elsewhere.

Professor Cleaver believed the disease was occasioned almost entirely by the absorption of septic matter from the decomposition of retained material in the vagina. Blood and shreds of membrane retained in the uterus would be more likely to be expelled, or drain into the vagina, than they would to escape from the vagina before decomposition and leave it free and clean; consequently, the thorough washing of the vaginal mucous membrane, with plenty of warm water, is the thing of greatest importance. Then, to provide against a possible want of thoroughness in the operation, it is well to add a disinfectant. My

practice is to prescribe equal parts of carbolic acid and glycerine mixed (the acid is more readily and perfectly soluble in water if at first dissolved by glycerine); of this, I direct a teaspoonful to each pint of warm water, or Castile soap and water, to be used as a vaginal douche, or injection, not less than a pint to be used at each operation, and to be repeated, in ordinary cases, three times a day, for the first two or three days, then twice daily for three or four days longer. I seldom find a patient who is not quite willing to follow instructions in this matter, the comfort and relief from "after pains" being sufficient inducement, even though there be no reason to fear any fever or other complications.

In cases where the labor has been tedious, or where turning, forceps, or any operation has been performed, I direct that the injection be repeated for the first three days every four or six hours, using sufficient quantity that it shall flow from the vagina free from any stain of blood, clear. Should the lochia be suppressed, I still advise the copious injection; this, however, seldom occurs, though the nurse may not discover much flow, for reason of the discharge being carried away by the douche. In a few cases that had no tediousness or complication, I have directed simply Castile soap and water, and with good results.

In a few cases, the family having no convenience for using the vaginal wash, having neglected it after being advised to procure a syringe, etc., I may say a Mattison, Davidson, or any syringe capable of giving a continuous stream, or using a quantity of fluid without repeated introductions, and a tin wash dish, is all that is *necessary*, though a bed pan is quite a convenience. Then, sometimes, I am called two or three days after delivery to find my patient has had chill, followed by fever, abdominal tenderness, arrest of the lochial discharge, and all the symptoms of the beginning of puerperal fever. My treatment then is, to insist upon the imme-

diately use of the vaginal douche; sometimes direct a saline cathartic, and if there be any reason to suspect malarial complications, give a few doses of quinine, and if there be no malaria, the quinine does no harm; it stimulates more perfect and rapid involution, adds to the nervous force of the patient, and in that way helps to eliminate, if it does not neutralize, poison in the blood.

I can now say, with Professor Cleaver, that "I have not had a case of puerperal fever for several years." I have not used the precaution advised by Dr. Fritsch, of disinfecting the hands, but I approach my cases always, I think, with clean hands, and should not object to the use of disinfectants, brushed around and under the nails, but have not found it necessary.—*Med. Rep.*

BROMIDE OF POTASSIUM IN THE UNCONTROLLABLE VOMITING OF PREG- NANCY.

BY SAMUEL C. BUSEY, M.D., WASHINGTON, D. C.,
President of the Medical Society of the
District of Columbia.

As it is my purpose simply to set forth the utility of the potassium bromide in the treatment of this obstinate, but, fortunately, rare complication of pregnancy, I will not undertake any comparison of the relative merits of the numerous agents which have been recommended by their respective advocates. In the accomplishment of this object I am fortunate enough to possess the memoranda of two cases prepared by competent and impartial observers, to which cases I was called through their kindness and partiality. The first case occurred in the practice of my friend, Dr. P. J. Murphy.

Case I. "Mrs. McC., white, aged 28, a very stout and robust married lady, never had been pregnant, though married for five years, suffered a great deal at her menstrual periods from pain in

the back and lower part of abdomen, flow always scanty, lasting usually but one day, very nervous and excitable. After treatment of several months the above symptoms were relieved, and she became pregnant in the spring of 1874. Two weeks subsequent to the date at which the menses should have occurred, profuse salivation ensued, several dozen handkerchiefs being required during the twenty-four hours; there was obstinate constipation, relieved temporarily by enemata, constant vomiting, the simplest nutriment being ejected. The various remedies recommended in such cases were tried, oxalate of cerium, minute doses of calomel, effervescing nitrate of cerium, iced champagne, etc., but to no purpose. My patient becoming alarmingly prostrated, I called to my assistance Dr. Busey, who ordered drachm doses of potass. bromide in two tablespoonfuls of beef-tea, injected per rectum, every four hours. This treatment completely arrested the vomiting in a few days, and with it all the nervous phenomena passed away. Mrs. McC. was now in the fifth month of pregnancy, and enjoyed comparatively good health until towards the close of the sixth month of pregnancy, when she aborted, the abortion arising partly from her debilitated condition and partly from undue excitement on hearing of sudden bad news."

To the above notes Dr. Murphy is kind enough to append the following history of the second pregnancy of the same lady:—

"In the summer of 1876 she again became pregnant, and the same phenomena which accompanied her first gestation were again observable. She was then under the care of an eminent physician in New Jersey, and her condition became such that I was telegraphed for, her friends supposing her to be in a dying condition.

"The physician in attendance had exhausted all his resources, and had called in another to assist him. When I arrived her condition was very critical, pulse

small and thready, 120 per minute, great restlessness, skin hot, tongue dry, brown, and furred, great pain over epigastrium, and all the symptoms accompanying great exhaustion.

"I recommended the treatment pursued with such success in her former sickness, and left, asking to be informed of the result.

"Almost immediately after the third injection she was relieved. Mrs. McC. went to full term, and I had the pleasure of delivering her of a fine healthy female child."

The second case exhibits more markedly the salutary effects of the potassium bromide. It occurred in the practice of Dr. Mackall, whose extensive experience and accurate observation entitle his opinion to the highest consideration. The following extract from a letter from him furnishes the preliminary details of the case:—

CASE II. "Mrs. E.'s husband consulted me in my office about the 25th of April, 1877, with reference to her condition. He stated that his wife was three or three and a half months pregnant with her first child, and had been free from nausea and vomiting until a few days prior to his seeing me; but that these symptoms had suddenly become marked and distressing. As she declared that she would not see a physician, he thought it best that I should prescribe without visiting her. Accordingly I directed some simple medicine (I think, trisnit. of bismuth.) On the following day I learned that the medicine had afforded no relief. It was, therefore, discontinued, and oxalate of cerium substituted. This also failed, and, from the description of her condition, I felt that her wish not to see a physician should be longer regarded. On visiting her I found her very ill; pulse barely perceptible, extreme restlessness, extremities cold, vomiting incessantly. During the night and morning she had repeatedly ejected blood, and was still now and then vomiting it up in quantities of a tablespoonful or

more. The tip and sides of the tongue were red and glazed. Great tenderness on pressure over the epigastrium. She had not slept, nor retained a particle of food for two days.

"During the next twenty-four hours, there was no recurrence of the hæmatemesis, but otherwise her condition remained unchanged, although every means that suggested itself was faithfully tried.

"Another day passed without improvement. No medicine, no form of nutriment could be retained by the stomach (her only support was by means of nutritive and stimulating enemata). A blister applied over the pit of her stomach, morphia injected hypodermically, starch, and laudanum enemata and other measures failed in accomplishing material benefit. A vaginal examination being made, marked ante flexion of the womb, with enlargement and tenderness of the fundus, was revealed. I now requested her friends, who had been previously apprised of her danger, to have you called in consultation, and you are familiar with its subsequent history. I will leave to you the further description of the case, together with the treatment adopted. In conclusion, however, I desire to express my conviction that the large enemata of bromide of potash, which you suggested, were mainly instrumental in relieving the gastric irritability. I would also state that when the nausea and vomiting were arrested, they ceased, I may say, abruptly, and did not again recur, except for a few hours once or twice several weeks after her convalescence.

"Further, to show to what extent the patient had been reduced, I mention the fact that she could not be even raised up in bed for about four weeks, and six weeks or more elapsed before she could be lifted into a chair for a few moments.

"I saw Mrs. E. this morning; she is now perfectly well, and for several months has been free from any unpleasant symptoms."

In addition to the symptoms enumerated by Dr. Mackall, there were present

at the time of my first visit great tremulousness followed by sinking, which came on in paroxysms, usually occurring when any person unexpectedly approached her bedside, or when any effort to move was made. The pulse was barely, if at all, perceptible, the surface was cold, capillary circulation very languid, voice very feeble, and, when any attempt was made to speak, retching immediately ensued. Her expression was anxious and distressed. Forty grains of the potassium bromide dissolved in a mixture of beef-tea and a half ounce of brandy, to which were added ten drops of laudanum, were ordered to be administered per anum every four hours. The stomach to remain at rest, nothing whatever to be given per orem until further orders. The beneficial effects were manifest after the third enema, and, when 480 grains of the bromide had been administered, the nausea and vomiting had entirely ceased. After the first twenty-four hours the interval between the enemata was lengthened, and she was allowed to take nutriment in very small quantities, at short intervals, by the mouth. Even after the discontinuance of the nausea and vomiting, and the suspension of the bromide and nutritive enemata, the alarming prostration was so persistent, notwithstanding the ingestion of what seemed to be an adequate amount of nutriment and stimulants by the mouth, that the propriety of induction of abortion was entertained and discussed. During this period, which lasted several days, the brain seemed overwhelmed by the exhaustion, even though the heart had regained in a measure force and rhythm. Happily, however, interference was delayed, the expectant plan of treatment persisted in, and complete reaction ensued. As stated by Dr. M., she is now well, and expects to be confined during the ensuing month of November, 1877.

As a rule, the bromide, in doses varying from 30 grains to one drachm, dissolved in beef-tea, to which brandy and laudanum may or may not be added,

should be given every four hours until the nausea and vomiting have ceased, and the stomach will retain some bland food, and stimulants if necessary, and then it should be gradually withdrawn by extending the intervals between the enemata. This treatment has not failed in any case which has come under my observation; but the practitioner must not imagine that with the suspension of the nausea and vomiting the case is concluded. The effects of the deprivation of food and fluids, together with the nervous and circulatory disturbances, may seriously protract convalescence, and excite the gravest apprehensions.

In conclusion, I must add that the method of treatment is not original with me. To Dr. Girabetti is due the credit of having first suggested and successfully applied this mode of administering the potassium bromide in obstinate vomiting of pregnancy. He administered it in increasing doses, giving 92 grains the first day, 8 grammes the second, and 10 the third; after which he lessened the dose in proportion to the effect produced.—*Amer. Jour. Med. Sciences.*

OVARIOTOMY.

In the course of some clinical remarks on ovariectomy, made at the Samaritan Hospital, Mr. Spencer Wells detailed the great improvements that had taken place during the last few years in the diagnosis and treatment of ovarian tumors. The operation is now conducted in a light, airy, and quiet room, in which the patient remains alone with her nurse for at least a week after the operation. No visitor is admitted to witness the operation without declaring that he has attended no post mortem nor any case of infectious disease for a week previously. The patient is placed upon a table, lying on her back, warmly clothed, the lower limbs covered with a blanket, the head and shoulders supported by pillows, the knees and hands secured by straps, a perforated india-rubber sheet, so applied that

only the front of the abdomen is uncovered, and she is asleep under the influence of what Mr. Wells believes to be the safest and best of known anæsthetics, bi-chloride of methylene. All the instruments that can be wanted for the most complicated case are ready and at hand. There must not be, he says, any threading of needles at the last moment. The nurses have a precise number of perfectly pure and soft sponges, and plenty of small fine linen cloths for use before the sponges are wanted. Supposing daylight direct or reflected fails. Mr. Wells has tried various kinds of reflecting lamps when searching for vessels deep in the pelvis; but the most useful of all is the small medical lamp recently introduced by Colin, of Paris. All this is ready before visitors come into the room, and they are then requested to observe the most absolute silence. It is quite a common thing for an operation to be completed without a single word having been spoken by the surgeon, the assistants or the nurses; and if a remark is made by an unwary visitor, it is at once hushed. The incision in the abdominal wall, the stopping of bleeding from superficial vessels by torsion forceps, the division of the peritoneum, the exposure and tapping of the cyst, the separation of adhesions, the management of adhering omentum or intestine, the breaking down of inner septa, and the withdrawal of the tumor from the abdominal cavity, the treatment of the pedicle, the examination of the opposite ovary and uterus, the thorough cleansing of the pelvic and peritoneal cavities, the use of drainage-tubes if required, the closing of the wound, the dressing and bandage—all are matters of detail of great importance. The patient is carried from the operation table and placed in a warm, dry bed. The room is at once cleared and darkened, and when she awakes she finds herself alone with her nurse. Recent changes in the management of the patient after operation have been chiefly in the direction of regulating temperature. Enough opium is given to relieve pain,

but no more. The patient is kept warm enough to encourage free action of the skin without being made uncomfortably hot. Food and drink are regulated by the instinctive desire for them. All the nurses are instructed in the use of the thermometer, and they are directed whenever the temperature rises above 100° Fahr. to keep the head cool by means of the ice-water cap. If the skin is dry, very small doses of aconite are given frequently (half a drop of the tincture every half hour.) It is only in the rare exceptional cases of septicæmia, septic peritonitis, or pyæmic fever that large doses of quinine or of salicylate of soda are thought of. In some few cases bleeding from the arm has been necessary, but, as a rule, the patients are let alone after the operation, and they get well.—*London Practitioner.*

A CASE OF POST-PARTUM HEMORRHAGE TREATED BY HYATT'S METHOD.

I was called on the night of October 20th, 1877, to visit Mrs. M. T., age 22 years, in labor with her first child. I arrived at 2 o'clock a. m., and was informed that she had been in labor since 4 o'clock of yesterday afternoon. At the time of my arrival the bag of waters had been ruptured, and the pains were recurring every twenty or thirty minutes. I made a digital examination, and found the head presenting the left occipito anterior; os fully dilated, and the conjugate diameter less than four inches. I waited until morning, entertaining the vain hope that nature would be sufficient to effect a delivery. I applied forceps, and after continued and repeated efforts was unable to effect delivery, owing to the large size of the child's head and smallness of the superior strait.

Finding it necessary to resort to craniotomy, and not having the necessary instruments with me, I sent for Dr. Hyatt to assist me. He came about 2½ o'clock on the 21st, and after examining the patient agreed with me as to the expediency of the proposed operation. In a short time we succeeded in delivering

the head, allowing the body of the child to remain in the uterus and vagina. We were apprehensive of uterine inertia and post-partum hemorrhage; but we hoped that by waiting we would give the uterus sufficient time to regain power and remain contracted after it was emptied of its contents. After waiting about half an hour, we delivered the body of the child, and found the placenta attached to the fundus of the uterus, and hemorrhage began to flow profusely. While I was delivering the placenta, Dr. H. gave the patient a dose of fl. ex. of ergot.

The flooding continuing after the removal of the placenta and blood clots, Dr. Hyatt handed me a rubber bag, which I passed into the cavity of the uterus. After its introduction, I distended it with cold water by means of a Davidson syringe. I used about a pint and a half of water, which was sufficient to arrest the hemorrhage completely. The bag adapted itself to the open ends of the bleeding vessels and completely sealed them. While I held the bag in the uterus, Dr. Hyatt kneaded the uterus through the abdominal walls. In a few minutes, contraction of the organ came on and expelled the bag. There was no further trouble, and up to the present time the patient's convalescence has been in every way normal.

This method of arresting post-partum hemorrhage is certainly the speediest, safest and most effectual to which I have ever resorted. During the last twenty years, I have seen a number of cases of this alarming accident, and have used all the usual remedies recommended; but the method of treatment adopted in the case just reported, gives the best result of any known to me. I would suggest to those engaged in the practice of obstetrics to always be equipped with a number of rubber bags (Barnes' dilators will do) and a Davidson syringe. Then the doctor need not fear any case of post-partum hemorrhage which may be due to uterine inertia.—*T. A. Woodley, M. D., Kinston, N. C., in Virginia Medical Monthly.*

ABSTRACTS AND GLEANINGS

IODOFORM.

M. Cuffer, in *La France Medicale*, speaks highly of the therapeutic effects of iodoform as an external application. He states that although no very appreciable benefit has followed its internal administration, its topical influence is very evident. Iodoform has a double action—anæsthetic and cicatrizing. Its anæsthetic properties render it useful in anal fissures, hemorrhoids, ulcerations of the throat and ulcerated cancers, especially those of the face, mouth, breast, and cervix uteri. It is necessary to use the remedy in fine powder, and to apply it carefully to all the diseased surface. The simplest way to obtain it in fine powder is to dissolve it in ether and allow the latter to evaporate. In using it for hemorrhoids it should be made into suppositories. It can be applied without danger in considerable doses, no bad effects having resulted from its use.

Its cicatrizing action is astonishing in its rapidity. Soft chancres, ulcerated buboes, mucous patches, and syphilitic ulcers of any kind, yield to it. Phagadenic ulcers are often arrested in their course, and onychiæ are cured in a few days. Scrofulous sores, lupus and epithelioma of the lip have shown remarkable amelioration after its application. Inflammatory symptoms disappear, and exuberant granulations lose their unhealthy aspect, the progress made towards cure in a single day following the use of iodoform being often astonishing. Its penetrating odor is a great objection to its use, but nothing that has been tried as a substitute has given corresponding results. Its application requires certain precautions. The first is to apply it after thoroughly cleansing the wound. This may be

done with the spray of warm water. Then the powder is applied and the wound covered with lint, the dressing being changed daily or twice a day at first, the intervals being gradually lengthened as the cicatrization progresses. It may be applied to the throat, or to the neck of the uterus, by dissolving it in ether and using the spray apparatus. (Tannin is said to disguise the smell of iodoform.)—*Canadian Journal of Medical Science*.

TANNIN IN A CASE OF VERY INTRACTABLE VOMITING DURING PREGNANCY.

Diboue reports a case of this kind in the *Archives de Toxicologie* for September, 1878. The patient was a young woman, about 22 years of age, whose constitution was not very strong, but who had never had any serious sickness. The vomiting commenced very early in her pregnancy, but only became alarming after two months. All the usual means—such as iced drinks, alcoholic liquors, champagne, bitters of various kinds, antispasmodics, tonics, opiates, bromide of potassium, chloral, belladonna, etc.—were tried without benefit. Before resorting to the induction of abortion, it was determined to try tannin, which was given in the form of a pill, and in the dose of $1\frac{1}{2}$ grains morning and evening. Two hours after taking the first pill, the patient was able to take a little soup, and this she did again in the evening. The vomiting was not entirely relieved, but was lessened to such a degree that the nourishment could be taken and retained in sufficient quantity. An intense headache, which had lasted for some weeks, also disappeared in a few days, and strength was rapidly regained.—*Wm. C. Dabney, M. D., Charlottesville, Va., in Virginia Medical Monthly*.

THE IODIDE OF ETHYL IN THE TREATMENT OF ASTHMA.

Tuesday, January 29, Prof. German See communicated to the Paris Academy a full report of his treatment of asthma by the iodide of potassium during the intervals and the iodide of ethyl during the attack, from which we make the following extract regarding the latter agent. The report is published in full in the *France Medicale*, Feb. 2, 1878.

Chemistry.—The iodide of ethyl, discovered by Gay Lussac in 1825, is a mixture of two parts by volume of alcohol and one of hydriodic acid. This ether, devoid of any reaction whatever, has an odor like chloroform, a piquant taste and a density of 1.92 to 2.2. It is volatile, boils at 64° C., without being inflammable and under the influence of air browns a little, due to some iodine set free. Its formula is C.H.I in equivalents (Berthelol) its atonic formula being C. H. I. (Wurtz.)

History.—For twenty-five years it was forgotten until Huette with the design of using it as a substitute for iodine, which Laennec, Berton, Piorry, Scandamore and Murray administered by inhalation in the treatment of pulmonary phthisis, began to experiment with it upon himself and upon one of his friends.

The following are the effects observed after the inhalation of this ether mixed with air and collected with several millimetres of water in a flacon four centimetres in height.

After several inspirations the water is displaced and the ether is inspired. "It soon produced in the experimenter an impression of calm and comfort; the respiratory movements are executed with facility and amplitude at once. A surcharge of vigor is observed in all the muscles, appetite develops, the secretions become active, the pulse acquires plenitude, sensations become keener and the intellectual activity increases."

Physiology.—The following are the results which I have observed in cases of patients suffering with dyspnoea whom

I caused to inspire 6 to 10 drops of the iodide of ethyl 6 to 8 times a day:

In the healthy individual we observe at the end of several seconds a greater facility of respiration, and this phenomenon persists for several hours.

There is no anæsthetic or soporific effect whatever.

The heart and the circulation are not modified, although absorption takes place immediately almost, for iodine may be recovered from the urine in ten minutes.

Not infrequently there supervenes at the commencement of inhalation an access of cough.

Therapy.—I have employed this agent in five cases of asthma and the attack in all was rapidly arrested; in one case more rapidly than after nitrated fumigation or chloroform. In three cases of cardiac dyspnoea I have likewise remarked favorable results.

I have prescribed it also in three cases of chronic bronchitis accompanied with dyspnoea and the effect, though much less prompt, was nevertheless good.

Lastly, eight days ago I had occasion to prescribe it in a case of oedematous laryngitis in a patient aged 40, who was sent to me by M. Collin, our skillful fabricator of surgical instruments. For two days I hesitated over tracheotomy on account of threatened asphyxia and aphonia, but the patient recovered under inhalations repeated ten to twelve times a day.—*British Med. Journal*.

MEDICAL APHORISMS.

The following dogmatic form of stating facts greatly simplifies the logic of conviction. They were picked out of Dr. Bartholow's *Materia Medica* by the *American Practitioner*:

"Quinia performs its offices by means of its antiseptic powers; is an antiferment. It may produce permanent deafness. It arrests inflammation in its forming stage, and is excellent in scarlatina, variola, and rubeola."

"Alkalies, in the treatment of rheu-

matism, are losing ground; and quinia, blisters and cold baths give better results."

"A solution of common soda, freely applied, will often remove bromidrosis from the feet and axillary glands."

"The sulphites, vaunted by Polli, are of no avail."

"Blue Lick water (of Kentucky) is useful in abdominal plethora and obesity. Hemorrhoids and engorgement of the pelvic viscera are relieved by it, and excellent results are obtained from its prolonged use in glandular affections, hepatic, splenic, uterine and prostatic."

"Numerous cases of spina bifida have been cured by injection of tincture of iodine."

"Mercury increases the flow of bile, not by augmenting its secretion, but by producing reflex constriction of the gall-bladder, mechanically forcing out the bile."

"Spare women, by warm baths and inunctions of oil, may acquire flesh and roundness of form."

"Phosphorus is the best remedy for impotence. Oleum phosphoratum consists of twelve grains of phosphorus, and one ounce of olive oil. Dose, five to ten drops."

"Fowler's solution, in drop doses before meals, arrests the vomiting of pregnancy, and also the vomiting of chronic gastric catarrh from alcohol. Enteric diarrhoea is cured by arsenic."

"Permanganate of potash relieves the condition in which lumbar pain, frequent micturition, and urine with profuse brick-dust sediment and intestinal indigestion, are associated symptoms."

"Chloride of gold and sodium in $\frac{1}{30}$ grain doses, thrice daily, will relieve nervous dyspepsia; prevents decline of sexual power, cures sterility, and likewise weak and ineffectual erections and diurnal seminal emissions."

"Chloride of gold, in $\frac{1}{30}$ to $\frac{1}{30}$ grain doses, produces remarkable improvement in chronic Bright's disease."

"Seminal troubles that are relieved

by gold are aggravated by bromide of potash, and *vice versa*."

"Alum is the best cure for lead colic, and relieves the pain and nausea more certainly than any other remedy."

"Digitalis possesses great utility in scarlet fever. It lowers the temperature, and maintains the action of the kidneys."

"Belladonna has real curative power in erysipelas, and without doubt has power to arrest lacteal secretion."

"Opium is the most important agent we possess in the treatment of various inflammations."

"Aconite is of the highest value in the eruptive fevers, especially in scarlatina. It lowers the temperature, promotes diuresis and diaphoresis, and checks nasal, faucial and aural inflammations. In measles it arrests the catarrhal pneumonia. In idiopathic erysipelas we have no better remedy; and in cerebral and spinal meningitis, prior to effusion, aconite is as serviceable as in other inflammations."

"Salicylic acid in typhoid, erysipelas, acute rheumatism, pneumonia, phthisis, etc., is only second to quinia as an antipyretic. For intermittents it seems nearly, if not quite equal to quinia."

"Acu-puncture is so decided in its relief of pain, that some physicians contend that the anodyne effects of hypodermic injections of morphia are due to the water, and not to the opiate. The injection of water, to be efficacious, must be near to the seat of pain. In facial neuralgia, sciatica, lumbo-abdominal neuralgia, lumbago, uterine colic, and irritability of the bladder, acu-puncture possesses extraordinary power. In paralyzed and wasting muscles, it promotes nutrition of the muscles and contributes to the regeneration of muscular power. Thirty to sixty minims of water should be injected at the painful points; and if no relief occurs in two minutes, repeat the remedy."

"An ingenious use of bicarbonate of sodium to produce emesis, applicable in

narcotic poisoning. Sufficient soda is first swallowed, and immediately after a suitable proportion of tartaric acid is taken. Brisk effervescence ensues, thoroughly emptying the stomach."

"Arsenic may cure epithelioma; is useful in scirrhus, and palliative in uterine cases."

"Eucalyptus, though an unequaled remedy in catarrh of the bladder, is a very inferior antiperiodic."

"Hydrastin stands next to quinia as an antiperiodic; is useful in all the conditions in which quinia is used, and is an excellent injection for gonorrhœa."

POLYPUS OF THE UTERUS.

A polypus is a pedunculated tumor of the womb. In addition to the polypus there are three kinds of fibroid tumors—the mural, submucous, and subperitoneal myoma of the womb. Some physicians divide polypi of the womb into four varieties, but there is practically no difference between them. A polypus is very unlikely to return after it has been removed. Polypi are sometimes multiple. The more open is the os uteri, the easier it is to remove a polypus. In making your diagnosis of a polypus be sure not to confound it with an inverted womb. The ecraseur has very often been applied to an inverted womb, mistaking it for a polypus. A polypus is insensitive, the womb is highly sensitive. When the tumor is an inverted womb, a rectal examination will always show a cupped depression. Always pass your sound before attempting to cut off a polyp. Supra-pubic palpation will reveal the womb present in, or absent from, its normal position, as the case may be. It is sometimes extremely difficult to get at the pedicle of a polyp. Here I cannot get the polypus altogether out of the uterine cavity, but I can distinctly feel its pedicle. The womb is not quite two and a half inches long. I think the polyp has pulled the fundus down slightly.

I intend to use the wire ecraseur in

this case. The wire may break, but I am prepared for that accident. I fasten both ends of the wire to the travelling button, so as to get a crushing action. I am using for my loop a piece of piano wire; wire used for producing the upper notes of the piano. The tumor is a large one, and, as you see, the bleeding from its delicate surface is extensive. If a polypus fills up the vagina completely, so much so that you cannot find room to apply the ecraseur, you may either (1) deliver it with the forceps, as you would the head of a child, or (2) you may put the ecraseur around as large a portion of it as possible, and so remove it piecemeal. Some years ago I had to perform three operations to get the whole mass away. Be very careful that you do not catch some part of the womb with your encircling wire. You see how easily I have brought this growth away. I have never had a single bad symptom follow this operation in my hands; of course, this has been a piece of good luck.—*Medical and Surgical Reporter.*

CARBOLATE OF SODA IN THE TREATMENT OF NERVOUS AFFECTIONS OF THE RESPIRATORY PASSAGES.

According to Dr. Pernot, all nervous and spasmodic affections of the bronchi—asthma, catarrh, influenza, and simple colds at the outset—are markedly influenced by the vapor of this raw carbolate of soda. On whooping-cough its action is most striking. He has found from numerous observations that after from two to ten days of treatment the paroxysms of coughing become much less frequent, less prolonged, and less severe, the vomiting diminishes or ceases, and respiration becomes easier. He has never seen the symptoms become worse after his treatment was begun. The treatment consists in volatilizing the liquid by means of heat in the sick-room two or three times a day. About 3 x. of the liquid are placed in a porcelain vessel and exposed to the flame of an alcohol lamp. It volatilizes almost com-

pletely. The patient is allowed to breathe a purer atmosphere for two or three hours between each sitting, but a saucer containing some of the liquid is constantly kept under the bed. Dr. Pernot reports a few cases of pertussis and one of asthma, which illustrate well the action of the remedy, and certainly seem to justify all that he claims for it. Where a porcelain cup and an alcohol lamp cannot be got, a heated fire-brick may be used to volatilize the drug.—*Lyon Medical*, Sept. 23, 1877.

VACCINATION WITH HORSE-LYMPH.

Prof. Demme reports several cases of vaccination in which humanized horse-lymph was used. The experiments were performed in the children's hospital at Berne, in Switzerland. Vaccination was always successful, with the exception of one or two punctures. Both the eruption and maturation of the vaccine pustules were delayed; the former from $1\frac{1}{2}$ to 2 days and the latter from 3 to 5 days. All the pustules were very beautiful, and inflammatory reaction was much less than with the ordinary method of vaccination.

TREATMENT OF CRACKED NIPPLES.

The success obtained by M. Cheron in the treatment of fissures of the anus with picric acid, induced M. Charrier to use the same application in the treatment of fissures of the nipple. He found that it relieved the pain and checked the morbid secretions in a very short time, while at the same time the delicate epithelium of the nipple became, as it were, tanned, and much less susceptible to alteration. In seven patients the application brought about a complete cure in from six to twelve days. The pain was relieved in from twelve to twenty-four hours, and nursing could be resumed without inconvenience to either mother or child. It is necessary that the picric acid used should be chemically pure, and completely deprived of soda. Two solutions are used, one containing 13 parts of acid to

1,000 of distilled water, and the other 1 part to the 1,000. The nipple should first be thoroughly cleansed with warm water and a fine sponge, and the concentrated solution then applied with a brush several times in succession to the fissures and all inflamed points. This is to be repeated every morning only, but after every nursing the nipple is to be held for three or four minutes in a small glass filled with the weaker solution.—*Gazette Medicale de Paris*, August 4th.

GLYCERINE IN THE TREATMENT OF INTERNAL HEMORRHOIDS.

Dr. David Young reports, in the *Practitioner* for January, a number of cases of internal hemorrhoids which he had successfully treated by means of glycerine, given internally, in doses of from one to three drachms, night and morning. He discovered this application of the remedy accidentally, from giving glycerine as a substitute for sugar to a patient who was suffering from internal piles. Subsequent trials of the remedy have convinced him that glycerine should be added to our list of palliatives for this troublesome malady.—*Mich. Med. News*.

NITRO-MURIATIC ACID should always be prescribed by itself. A damaging explosion occurred lately in a mixture ordered by a physician, containing that acid and tincture of cardamom.—*Phila. Med. Times*.

TOXIC PROPERTIES OF DYNAMITE.

In a Paris thesis, M. Bruet sums up with the following conclusions as to the toxic properties of dynamite in nitro-glycerine *Annali (Universali di Medicina*, August.) 1. Nitro-glycerine is a poison, the energy of which is in direct proportion to the rapidity of its absorption. 2. It is most violent when quickly absorbed; a few drops are sufficient to strike down an animal in five minutes, and death follows in clonic and tonic convulsions. 3. It is less dangerous

when absorbed slowly, and in this case kills by asphyxia, the fatal dose being rather high. A man exposed chiefly to the absorption of nitro-glycerine has rather to fear the chronic or slight results than acute poisoning or death. But he should avoid all conditions which may expose him to rapid absorption of the poison, as in this case there would be danger of sudden death. 4. For these reasons it is not superfluous to take precautions against exposure to an atmosphere in which particles of dynamite are given off.—*London Med. Record*, Nov. 15, 1877.

MENSTRUATION AND OVULATION.

Dr. T. Gaillard Thomas, at a meeting of the New York Obstetrical Society (*American Journal of Obstetrics*, Oct. 1877), said that he had repeatedly diagnosed double ovarian tumor from the absence of menstruation, and the operation had shown the correctness of his opinion. He felt that the future would show that menstruation does depend on the function of the ovary.

Dr. Noeggerath said that one case of menstruation persisting after the ovaries had been removed would prove the lack of dependence of menstruation on the ovaries, and many such cases had been collected.

Dr. Thomas mentioned that he had removed both ovaries in ten cases. Two died; of the remaining eight, only one had menstruated since the operation.—*American Journal Medical Science*.

TREATMENT OF EPILEPSY.

Dr. Schultz records in the *Berliner Klinische Wochenschrift* the case of a young man, eighteen years of age, the subject of epileptic attacks, which always came on at a certain hour in the day. It mattered not what he might at that time be doing, the attack never failed. It was always preceded by an aura which lasted five or six minutes, and was followed by a sleep of several hours' duration. Quinine in large and

small doses, promide of potassium, strychnine, belladonna, nitrate of silver, morphia, chloral, etc., were all administered without result; the attacks continued to recur at the fixed hour, and even occurred during sleep induced by chloral. Coming at this time under Schultz's care, he determined to test Nothnagel's treatment, and administered a teaspoonful of ordinary salt during the aura. This did not at first prevent the attack, but when on the following day a heaping tablespoonful of salt was given at the very beginning of the aura, no attack took place. For one week the dose was administered at the usual time, although no aura was perceived. At the date of Schultz's report (seven weeks afterward) no attacks had been observed, though previous to the treatment, the patient had had them for 134 days in succession.—*St. Petersburger Med. Wochenschrift*, No. 4, 1878.

THE DANGERS OF INFLAMMABLE VOLATILE LIQUIDS.

At Lyons, France, a young lady was about to undergo an operation requiring actual cautery. Anæsthesia was produced by ether, the vapor of which became ignited by the hot iron. The patient was badly burned about the face and mutilated for life. The *Lancet* argues that where thermo-cautery is used, chloroform should be employed rather than ether. Care should be taken even in the application of collodion near a naked flame. . . . The galvano-cautery is frequently used while etherization is going on—whether safely or not remains to be demonstrated.

EXCISION OF LARYNX, and the use of artificial vocal apparatus, by Dr. Foulis, of Glasgow, is reported in the *British Medical Journal*, Dec. 8th. The operation was necessitated by malignant growth and gradual occlusion of the upper larynx. It was a success, and the patient had been enabled, by a hard rubber laryngeal tube, with vibrating

reeds acting for vocal chords, to speak in a resonant, loud and clear, though monotonous voice. The *Lancet*, Feb. 2d, gives a cut, with description by Dr. Foulis, of the artificial larynx. . . This operation is said to be the first of the kind performed in Great Britain.—*Society County Kings*.

MALT EXTRACT AS AN EMULSIFIER.

Professor Geo. F. H. Markoe recently called attention to malt extract as an emulsive agent for cod-liver oils and other oleaginous preparations. At the present time, when cod-liver oil is extensively employed as a therapeutical agent, anything that will neutralize or overcome its disagreeable oily character and bad taste will be welcomed by patients. Extract of malt possesses the power of producing a perfect emulsion with cod-liver oil and extract of malt was exhibited, having a semi-solid consistence, in which the taste of cod-liver oil was more perfectly concealed than can be accomplished by any other known process.—*Boston Medical and Surgical Journal*.

BELLADONNA IN DYSENTERY.

Dr. Smith, of Cloverdale, Cal., recommends the use of belladonna in the treatment of dysentery, and states that he has obtained more satisfactory results with it than with any other drug. He frequently gives from two to four drops of the fluid extract every one, two, or three hours, until the griping pains are relieved. The full remedial effect is in some cases not manifest, until slight delirium or disturbance of vision is produced, but these symptoms disappear when the belladonna has been withheld for a few hours.—*Nashville Journal of Medicine and Surgery*, August, 1877.

OVULATION WITHOUT MENSTRUATION.

The relation of the discharge of ova to menstruation and of menstruation to the discharge of ova is a question to which considerable attention has in re-

cent years been directed. It has been shown repeatedly by anatomical examination that menstruation may take place without the occurrence of ovulation, but similar evidence has hitherto been wanting in favor of the belief that ovulation may take place without menstruation. The opinion that ovulation may take place without menstruation has been based upon the fact that women who have never menstruated have borne children; but this was unsatisfactory, inasmuch as the objection may have been raised that the woman would have menstruated had not conception taken place; that, in fact, the occurrence of conception prevented that of menstruation. M. de Sinety has, however, set the question at rest by anatomical evidence. Before the Societe de Biologie he described the anatomical characters of the uterus and ovaries of a woman who had never menstruated. She was thirty-eight years of age, and, with the exception of the menstrual flow, had presented from her tenth year all the symptoms of puberty. The uterus was externally of normal volume, but the cavity was formed almost entirely by that of the neck; the cavity of the body was like that of the foetal organ, and the mucous membrane presented the character of the infantile condition. Ovulation had been very active, for the ovaries presented many false corpora lutea.—*London Lancet*.

NITRITE OF AMYL AS AN ANTIPERIODIC.

Dr. W. E. Saunders writes to the *Lancet*:

Finding, as I did, that quinine did not give the satisfactory results I had been led to suppose from the current literature of the day, I was induced to try to find some drug that would act more surely and with greater effect than did quinine. This was more necessary since quinine was daily becoming scarcer, while the demand for it had increased. I tried nearly every form of treatment that I had heard of, but found nothing to rely on in most cases. After care-

fully comparing the cold stage of ague with the collapse stage of cholera and other diseases in part resembling it, I came to the conclusion that the collapse stage was practically the same in all, and that one form of treatment would accomplish what was required. I then found that nitrite of amyl was the remedy I wanted, and accordingly used it in two or three minim doses, by inhalation. The result was that I found I could remove the cold stage of ague in five or ten minutes, and that the hot and sweating stage was reduced in like proportion.—*Medical and Surgical Reporter.*

GRINDELIA ROBUSTA IN WHOOPING-COUGH.

At a recent meeting of the Suffolk District Medical Society, Dr. Pattee called attention to the beneficial effects of the drug in certain pulmonary affections, and remarked that most of the fluid extracts sold in this market were said to be worthless. Dr. Pattee had used the tincture in bronchitis, asthma and whooping-cough, in doses half a drachm or more, repeated every one or two hours. The effect was said to have been curative in thirty cases of whooping-cough, after three or four days, without the occurrence of relapses. The dose for a child two years old would be about ten drops.—*Pharmacist.*

A PRIZE OF \$80,000.

The *Scientific American* calls the attention of our physicians and surgeons to the fact that there is a reward amounting to \$80,000, left by will, for the French Academy of Sciences to give to the discoverer of a cure for cholera. The following are the particulars: The competitor is required: "(1) To point out a system of medicine that cures cholera in the immense majority of cases; or (2). To indicate, in an incontestible manner, the causes of Asiatic cholera, so that, by suppressing these causes, the epidemic will cease; or (3). To discover some certain prophylactic as evident for cholera; for instance, as vaccine is for

the small-pox. (4). To become entitled to the annual prize (derived from the *interest* of the \$80,000) the competitor will have to demonstrate, by vigorous processes, the existence in the atmosphere of substances that may play a part in the production or propagation of epidemic diseases; and (5). In case none of the above conditions have been fulfilled, a competitor may take the annual prize by finding a radical cure for tetter, or enlightening the world upon the etiology of that disease. Portions of the revenue have from time to time been awarded for meritorious essays."—*Jour. Mat. Med.*

SUMMER COMPLAINT.

Dr. Mm. M. Gross, in brief, says: The very best remedy, in my judgment, for cholera infantum or summer complaint in children is calcined radix rhei.

My attention was called to it incidentally, during last August. I was treating a little patient, aged six months, affected with this dreaded trouble—had used all the reputed remedies for this disease, but with little or no effect. When my attention was called to it, I prepared some by putting a portion of the root in an iron vessel and burning it until it was easily pulverized. Of this I gave about five grains; the child became quiet and seemed free from pain, and in about three hours the bowels moved again, passing a changed and even larger evacuation than at any previous time; and from that moment it began to get better, and in a few days was entirely free from the disease. The success attained in this case led to the use of the same drug in a number of similar cases and with the same results.

In the forms of summer complaint incident to debility of the bowels, either when this condition depends upon general causes alone, or is the immediate effect of irritating ingesta or biliary derangement, rhubarb, in this form, is superior to almost every other medicine.

BORAX AND NITRATE OF POTASSIUM IN SUDDEN HOARSENESS.

These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voices suddenly become lost, but which by these means can be recovered almost instantly. A little piece of borax the size of a pea is to be slowly dissolved in the mouth ten minutes before singing or speaking; the remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.—*La France Medicale*.

STIBIODERMIC TREATMENT IN ACUTE ARTICULAR RHEUMATISM.

M. I. Guerin read a paper at a meeting of the Paris Academy of Medicine, upon the 4th of September, upon the above treatment of acute articular rheumatism by means of what he terms the stibiodermic method. This consists in the inunction every six or eight hours of an ointment containing one part of tartar emetic in two of lard. He states that a rapid reduction may thus be obtained of the pain experienced in the early stage of coxalgia. The cessation of the pain he attributes to a dynamic action of the remedy, and not to any revulsive action. The same results were obtained in gout when the symptoms only preluded the definitive attack, three or four inunctions being sufficient to prevent the onset of the disease. When, however, the attack was fully developed, a fly blister placed on the centre of the swelling quickly effected its removal.—*Archives generale de Medicine*.

A HITHERTO UNRECOGNIZED SYMPTOM OF ISCHIATIC DISLOCATION OF THE HEAD OF THE FEMUR.

Some years ago, I observed that when the position of the dislocated limb to the body is changed, a marked difference

occurs in its relative length. If the patient be placed upon his back and the thigh be flexed upon the trunk at a right angle, then the knee of the dislocated limb will sink below that of the other side from one to two inches. A moment's reflection will make this clear. The ischiatic notch is situated directly behind the acetabulum, the head being thrown from one to the other, the limb is shortened the distance from the centre of the cavity to the centre of the notch. This, in all cases, will be as much as one, it may be two or more inches.—*The Clinic*.

PURULENT OPHTHALMIA OF INFANTS.

Dr. Luton, of Rheims, states that the tincture of iodine in distilled cherry-laurel water is a far more efficacious and innocuous means of treatment than the nitrate of silver. One gramme of the tincture may be added to twenty grammes of the water of medium strength (20°), and produces a collyrium the color of pale brandy. Some of this should be dropped into the eye four or five times a day, external lotions being also abundantly employed. It has proved rapidly successful at the Hotel-Dieu of Rheims.—*Revue Med.*

FEEDING PER RECTUM.

An article appears in the *Deutsche Zeitschrift für Praktische Medizin* (No. 44, 1877), in which Dr. Kauffmann draws attention to the excellent results he has obtained from the plan of feeding the patients with pancreas and meat in cases of persistent and incurable intestinal obstruction. He states that he has had nine patients in the Kölner Burger Hospital, several of whom were suffering from cancer of the œsophagus, one from cancer of the pylorus, and one from chronic ulcer of the stomach. In all of these a cleansing enema was administered in the morning, followed by the introduction into the rectum of a mixture of a pound of finely divided beef, and one-third of a pound of finely

minced pancreas, the whole being freed from fat and connective tissue. Half of this quantity was used at noon, and half at 6 P.M. The results were excellent; a solid, well-formed evacuation was discharged every day. The patients were able to walk about, and lived for nine or more months.—*Lancet*.

STRYCHNIA IN BRONCHITIS.

In a letter to the *Philadelphia Medical Times*, of January 19th, Dr. Fothergill dwells at some length on the great value of strychnia as an expectorant in bronchitis. By its action on the respiratory centre, it proves useful when increase of respiratory power is needed for the expulsion of mucus gathered in the air-tubes. He gives it either alone or in combination with the ordinary cough mixtures. On the same principle it has proved useful in chronic bronchitis, with emphysema, and in the dyspnoea of advanced Bright's disease.—*N. Y. Med. Jour.*

BELLADONNA IN COLLAPSE.

Dr. Reinard Weber, in the *Philadelphia Medical Times*, recommends the use of small doses of belladonna as more efficient in cases of collapse than camphor, musk, alcohol, and other stimulants usually prescribed to restore the failing action of the heart. Dr. Weber claims to have been the first to recommend the use of belladonna for this purpose. He gives a physiological theory of its action, and supports his arguments by reports of several cases.—*N. Y. Med. Jour.*

THE TREATMENT OF BURNS BY BICARBONATE OF SODA.

One of the strongest pieces of testimony in favor of the use of bicarbonate of soda in the treatment of severe burns is that given by Dr. Burns, the editor of the *Philadelphia Medical Times*. One of the assistants burnt the inside of the distal phalanx of the thumb whilst engaged in burning some glass tubing. A saturated solution of the bicarbonate was at once applied; in five minutes the

pain was gone, and with it all soreness, so that the part, although blistered, was freely used and pressed on in bending tubing, screwing up and unscrewing apparatus, etc. The relief was quick and complete, and the fact of its being witnessed by Dr. Wood himself makes it important that a remedy so simple and easily obtained as washing soda should be extensively tried.—*Lancet*.

THE REMOVAL OF MOLES.

These disfiguring growths, says a writer, may be best removed by the acid nitrate of mercury. The acid should be applied with a splinter of wood and gently rubbed into the part for several seconds, according to the thickness of the growth. Great care should be taken to prevent the acid reaching the surrounding skin. There is absolutely no pain attending the application, and the growth gradually shrivels away, and the slough falls off in about a week.—*Med. Rep.*

M. GUERIN'S TREATMENT OF CARBUNCLE.

The method consists in plunging the knife into the centre of the anthrax, and cutting away, under the skin, on to the limits of the diseased tissues, and even into the healthy tissues beyond. This is repeated four times, making a cross. The advantages of this method, according to M. Guerin, are considerable. They constitute the best method of treating anthrax, and far outstrip the two other methods, of open incisions or not cutting at all.

ERGOT IN DIABETES INSIPIDUS.

Prof. Da Costa, in a recent clinical lecture on the diabetes insipidus (*Hospital Gazette*), prescribed ergot, in half drachm doses of the fluid extract and three times a day. He was led to do this from the favorable result following the use of this drug in two previous cases. In these cases there was at once apparent decrease in the quantity of urine passed daily. The remedy was increased to two drachm doses, and the urine fell from ten pints to six pints, and finally to three.—*Mich. Med. News*.

PRACTICAL NOTES AND FORMULÆ.

LACERATION OF THE PERINEUM.

Dr. F. M. Rushing writes: "I am not aware of the following plan of procedure in laceration of the perineum having been adopted by the profession.

I will give you a complete history of the case so that you may understand the advantage claimed by the plan adopted.

Mrs. R., aged about 30, delivered of her fourth child (a boy) on the 10th of September, last—sent for a physician, but did not obtain one. The child was born without any assistance whatever. On the 14th, she discovered that the feces could not be retained. I was called in to determine the cause. Upon examination I found that the whole perineum had been torn through and that the rectum had been slit up for nearly or quite an inch. I also decided that a portion of the laceration was caused at some previous labour. I advised them to wait until the discharges stopped, and I would operate, (her health being very bad) her mother insisted that I would make an effort then. I had no instruments with me, except a surgeon's needle and some silk. I therefore made three stitches, bound the thighs together and advised milk diet, etc., and told them I had no idea it would affect anything. I heard no more from the case until the 10th of October. Her husband told me he wanted me to operate. I gave him some purgative medicine to prepare the system and told him to give it that day and night until he thoroughly cleansed out the bowels. On the 11th of October I obtained the assistance of Dr. J. G. Moore, and we operated in the usual manner. The bowels were kept bound up for 12 days and she confined strictly to milk diet. We removed the stitches at this time and found that union had not taken place for more than $\frac{1}{4}$ of an inch on the vaginal or upper front portion. We did nothing more until the 14th of

November, when we again prepared the system with purgatives and on the 15th we proceeded to operate the second time. Both edges of the laceration being closed, we found it very difficult to pare the surfaces. I suggested using a stick of caustic potassæ; (with some doubts of its propriety my assistant consented) we accordingly made a solution of strong vinegar, half water and inserted a sponge well filled with it, into the rectum to prevent the caustic from affecting it. We then applied the caustic to the portion we wished to make raw, and immediately afterwards washed the surface thoroughly with the solution of vinegar, to prevent the pot. from causing a deep destruction of the tissues. We then, with a small knife scraped and pared off the dead flesh; washing with the solution of vinegar all the time. After thoroughly cleansing the surface, stopping hemorrhage, etc., we applied three stitches as before, as is customary in such operations. The union was complete in 12 days. I will state that we confined the patient to milk diet, and kept the bowels bound up with a dose of morphine occasionally.

We think that the difficulty of obtaining a raw surface with the knife is overcome with the potash, and that with it you get a uniform raw surface on every portion desired.

[The result of this experiment affords a most valuable suggestion.—ED.]

BURNS.

G. W. Smith, M.D., of Arkansas, writes:

Editors Medical Record:

I send you treatment of burns, which I have found very efficacious in a member of my own family. My infant fell into the fire on March 3d, and burned the left hand severely. I saw her a few moments after the burn. My wife was ap-

plying coal oil in a stream upon the hand. I immediately made a thick paste of linseed oil and lime water. I took half pint linseed oil and added lime water, stirring all the while until it became of thick consistency, enveloped the hand in this and cotton to the exclusion of the air. I let it remain two days in this condition, then undressed it with same application excepting the lint cotton, which was substituted by linen cloths somewhat charred by the fire. I let it remain two days longer without dressing. At the expiration of four days I removed the dressing again, and the entire cuticle came off with it. What now was I to do to stimulate and heal? As linseed oil had done so much in relieving the little sufferer, I concluded to continue it, with addition of carbolic acid, leaving off the lime water, as follows:

R.—Linseed oil.....oz. viii.
Carbolic acid.....oz. i.

To be applied on every part of the burnt surface *ter die*. This application was continued one week, then substituted by the following:

R.—Ol. olivæ.....oz. viii.
Carbolic acid.....oz. i.

Apply to every part of burnt surface two times per day. This completed the cure. I would advise those whose duty it becomes to treat burns, to use as little water as possible to the denuded surface. Carbolic acid we find to be one of the most soothing stimulants to denuded burnt surfaces known. In this case, when the surface became dry and hot, I immediately applied the carbolized oil, which soothed and quieted, and refreshing sleep was induced. No deformity remaining.

PRURITUS VULVÆ.

This affection is exceedingly annoying to the patient, and scarcely less so to the physician, because of its great obstinacy.

In treating the disease the practitioner should first seek for the cause. If this is detected, there is good hope of success in the treatment. Both constitutional and

local remedies are required. It may depend upon uterine disease, or be associated with dyspepsia, constipation, or other intestinal derangement, causes which must be met by appropriate internal treatment. Locally the formulæ used have been numerous. Duhring, in his late work on skin affections, mentions most favorably camphor, chloral and borax, variously combined.

R.—Chloral.....grs. x to xxx.
Water.....oz. i.

Used as a lotion to the parts.

R.—Boracis.....dr. iv.
Morphiæ sulphatis.....gr. viij.
Glycerine.....oz. ss.
Aque.....oz. vij ss.

M. These preparations, a little weakened, may be used by injection. For this purpose the following has been found highly efficacious:

R.—Nitrate of alumina.....dr. i.
Aque.....oz. x.

M.

As an ointment, the following is strongly recommended:

R.—Camphoræ.
Chloralis hydratis.....ss. dr. i.
Ungt. aque rosæ.....oz. i.

M.

SECONDARY SYPHILIS.

A good formula for the administration of mercury in syphilis is the following:

R.—Corrosive sublimate.....grs. ij.
Comp. tinct. gentian.....oz. v.
M.—Dose, one teaspoonful after each meal.

Another—

R.—Prot. iodide mercury,
pulv. opium.....ss grs. x.
Ext. gentian.....q s.

M. Divide into pills No. 40. One night and morning.

These are well adapted to cases which are of long standing, or verging upon the tertiary stage. In tertiary syphilis, wherein mercury has been previously used, the following is a good prescription:

R.—Iodide potass.oz. ss.
Comp. tinct gentian.....oz. vj.

M. Dose, one to two teaspoonfuls three times a day.

ARSENIC IN SKIN DISEASES.

Arsenic has been much relied upon as a constitutional remedy in chronic skin diseases. A good formula for using it is that recommended by Prof. Dühring:

R.—Fowler's solution of arsenic..... dr. jss.

Wine of iron q. s. to make..... oz. iv.

Of this a teaspoonful may be given immediately after meals. The remedy requires to be persevered in for weeks, and sometimes for months, in obstinate cases. Yet it must be given with caution, and suspended for a time or dose diminished if its constitutional effects appear. Some persons cannot bear the above dose; even a single drop of Fowler's solution will not be borne by some constitutions.

GUIACUM IN QUINSY.

Guaiacum has, of late, been recommended in quinsy and other throat affections. The following formula for its use is suggested by a writer in the *St. Louis Med. News*:

R.—Potass. chlor..... dr. j.

Spts. aeth. nit..... dr. iv.

Tinc. guiac..... dr. iv.

Syr. aurant. cort..... dr. vj.

M. Dose, a teaspoonful every two hours mixed in a little water. If the bowels are too freely acted upon, diminish the dose.

HEMORRHOIDS.

R.—Pulv. rhei..... grs. xl.

Ipecac..... grs. xii.

Saponis..... grs. vj.

Divide in pills No. 15. Used by Prof. Bedford as a laxative in piles. Dose— one pill two or three times a day.

YERBA REUMA.

The yerba reuma is a plant, herbaceous, growing near the foothills of the coast-range mountains. It passed out of flower before my attention was called to it, but in due time its name will botanically be obtained. Its Spanish name implies, flowing or flux herb. It contains largely chloride of sodium, and a peculiar astringent. It is only as a

local remedy that I have ever tested it. My first test was that upon my friend, Dr. Thomas Porter, who had suffered two years from nasal catarrh. I prepared a tincture, using four ounces of the drug to a pint of alcohol (250°), and gave

R.—Tincture yerba reuma, one fluid ounce.

Aqua, three fluid ounces.

M. S. Snuff one teaspoonful from the hand through each nostril three times daily. In three weeks Dr. Porter was cured and remains so. He had tried everything recommended with but little benefit. He suggested its use in leucorrhoea. I tried it and the result in every instance was a cure. I gave it in the form of an injection in gonorrhoea, and the result was the same, one four ounce mixture performing the cure.—*New Prep.*

TANNIN AS A MEDICAL AGENT.

There is no astringent in the materia medica so useful and so extensive in its application to the treatment of various diseased conditions as tannin. We annex a few formulas which will be found convenient and efficient for the purposes named:

IN MENORRHAGIA.

R.—Tannin..... grs. xx.

Opium..... grs. iv.

Ipecac..... grs. v.

M. Divide in powders 10.

Take one every two to three hours. The same is useful in the hemorrhage of abortion, and other forms of hemorrhage.

NIGHT SWEATS.

R.—Tannin..... grs. ij.

Opium..... gr. i.

M. One pill to be taken at bed-time.

Another excellent remedy for night sweats, uterine hemorrhage, or

COLLIQUATIVE DIARRHŒA.

R.—Tannin..... grs. xx.

Pulv. opii..... grs. v.

Pulv. ergot..... grs. xv.

Loaf sugar..... grs. xxx.

Triturate and divide into ten powders. Give one every two to four hours.

SCIENTIFIC ITEMS.

THE ELECTRIC LIGHT IN PARIS.

A lecture on the electric light was lately given by M. Jamin in a large amphitheatre of the Sorbonne in Paris, and the room was crowded with an audience of two thousand persons. Some accident occurred to the gas-metre, so that the gas was suddenly extinguished, and the audience would have had to be sent away but for the subject of the lecture, which gave a capital occasion for practical demonstration of the lecturer's statement that electric lighting had now entered on the phase of practical exploitation. The regulators, which were meant only for experimental demonstration, served to illuminate the hall beautifully throughout the evening. The arc appeared in fourteen lamps, each with the brightness of a hundred Carcel burners, being fed by electro-magnetic engines of various systems, driven by two steam engines. The fourteen jets could all be extinguished or re-lit simultaneously for projection on the screen, and the process was in all respects successful. M. Jamin was assisted by the well-known inventors, MM. Lontin, Gramme and Jablochkoff.—*Boston Jour. Chem.*

DISGUST PHILOSOPHICALLY CONSIDERED.

An interesting paper on "The Causes of Disgust," by M. Charles Richet, is printed in a late number of the *Revue des Deux Mondes*. The author considers disgust, when analyzed philosophically, to be an instinctive sentiment of protection, varying with species and with alimentation, habits, and education of individuals. But under this apparent diversity there is the general law of finality; and it is not by chance that our disgust attaches to such and such a being or substance, but in consequence of the hereditary instinct which has apprised our ancestors that these animals and substances might be dangerous for us. Disgust sometimes

attaches to the total form of objects, and may diminish and become extinct as scientific analysis disjoins the parts of the repugnant whole. Thus, a spider, viewed as a whole, is a repulsive creature; but take a leg or an eye of it and study in the microscope the marvellous arrangement of these organs, and the sight will awaken admiration instead of disgust. Again, habit is evidently an important factor in the feelings of disgust. Thus, to eat frogs or snails is repugnant to us, yet we eat without disgust such things as black pudding, tripe, liver, high game, and decayed cheese. The aversion to horse-flesh is not readily accounted for, except by habit.

TELEGRAPHING WITHOUT WIRES.

Professor Loomis' theory of telegraphing without wires is based on a current of electricity which he has demonstrated exists at different heights, and which transmits communication between two perpendicular wires reaching it, whatever the distance may be. In his experiments he has employed kites, substituting copper wire for the string. By using the Morse apparatus, signals were transmitted between kites eleven miles apart. It has been suggested that as aerial currents are found at high altitudes, it may be possible to send messages across the ocean through the sky.—*Leslie's Popular Monthly*.

PERSISTENCE OF THE RETINAL IMAGE.

Dr. Gorini makes allusion to supposed persistence upon the retina of images perceived during the last moments of life. Once when reading he fell asleep, for, he believes, an hour. On awaking he saw the wall, which was opposite to him, lit up by his lamp and covered with type-forms of great size, forming words and lines exactly as was the book which he was reading when he fell asleep.

EDITORIAL AND MISCELLANEOUS.

✍ All communications relating to the business of *THE RECORD*, for the years 1877 and 1878, must be addressed to DR. R. C. WORD, Managing Editor Southern Medical Record, Atlanta, Ga.

✍ Brief and practical communications are solicited on all subjects pertaining to medicine; also reports of cases in practice.

✍ Send money by check, postal order or registered letter.

✍ Write your name, post-office, county and State plainly.

MEDICAL LITERATURE—STATE MEDICAL ASSOCIATIONS, ETC.

In a calm review of the progress of medical literature in the last decade, there is much to gratify the devotee of science and the lover of truth. At no period of the world's history has there been a greater number of profound students and practical investigating minds than at the present time. Germany, it is claimed, is at the van of progress, especially in respect to physiological researches. France is also active in the field of investigation; and in our own land we are scarcely behind either of the countries named in the pursuit and development of any department of scientific truth. In the department of therapeutics especially, it is conceded, we believe, that the United States is in advance of the world.

Touching the progress of medical literature, we claim that in the United States we are second to no other country. Journalism is at a high standard, and is constantly developing.

Medical Associations are numerous and active. The transactions that emanate from these organizations in several of the States are of a high order, exhibiting the presence of many learned and investigating minds. In some of the Southern States we have to regret that too little attention, comparatively, has been given to medical literature. While we claim as great talent and as much practical knowledge in proportion to numbers as exists in the Northern section of the Union, it is nevertheless true that the journals of our section, though mostly of a high order, and very practical, are not sustained as they should be by the Southern profession. Our State societies, too, with rare exceptions, are in a great degree neglected. In certain of the States unfortunate divisions have existed and still exist. The absence of harmony is ever attended with a want of interest. Without united action and fraternal feeling, little or nothing can be accomplished. Controversies at times may be expected, and divisions, if upon principle,

are right and often unavoidable. If error obtrudes itself it must be opposed; controversies must be met and adjusted. But they must be met in the right way. If those who lead and direct in these associations are guided by just, honorable and unselfish principles, it is easy to settle difficulties. But when a favored few take the entire control, ignoring the deserving but modest members of the profession, or when *assessments are made which bear too heavily upon the brethren whose pecuniary circumstances are limited*, then the association will not and can not flourish. If divisions exist, they should be harmonized by fair, impartial and honorable action. Adjustments, to be satisfactory, must be full and complete.

Cordial co-operation can not be expected of those who, though being acknowledged right, see the principles they advocate ignored or discarded. Nor is a charge of obstinacy just against those who insist on a strict adherence to principle. Adjustments which compromise with error and embrace the advocates of wrong, may be accepted by men of policy, but carry with them no true or permanent harmony, and meet with no response in the hearts of those who are guided alone by sincere and honest opposition to error.

If, then, unfortunate divisions exist, and, as in some places they do; if distrust has taken root and discord is perpetuated, the responsibility rests upon those who have sought peace at the sacrifice of principle.

DOES CINCHO-QUININE EMBODY ALL THE PROPERTIES OF THE CINCHONA BARK?

It is well known that the manufacturers of the cincho-quinine claim that it contains all the alkaloids of the Peruvian bark, and is equally effectual, in relieving intermittents, with the sulphate of quinine; and that as a fibrifuge and tonic it is capable of even a wider application than the latter agent.

We have used this remedy frequently in the treatment of fevers with very satisfactory results. It being comparatively cheap, we have often given it to charity cases.

We well remember the first case of remittent fever in which we used this drug. It was a well marked case of several days' standing in a negro man. We left twelve doses, four grains each, of the cincho-quinine, and directed him to take one every three hours continuously, until all were taken. No other remedy was used. Three or four days afterwards we met the patient on the street entirely recovered. He stated that the fever left him before he had taken all the powders. We could cite many cases of the successful use of this agent in intermittent fevers.

Dr. Akers, one of our subscribers, writes us that he has been recently experimenting with cincho-quinine, and reports an obstinate case of intermittent fever relieved by it. He gave thirty grains in two doses—one at 10 o'clock a. m., and another at 8 o'clock p. m.

We regard it, also, an excellent tonic. In a case of partial paralysis in a child three years old, the child being scarcely able to stand or walk, and attended with febrile exacerbations every evening, indicating the malarial source of the disease, we prescribed the following:

R.—Simple elixir os iv.
Cincho-quinine..... dr. j.

M. S. Dose—a teaspoonful—give one every two hours during the forenoon. In three or four days the exacerbations were arrested. The remedy was afterward continued as a tonic three times a day for a period of three weeks, by which time the child wholly recovered. We think there is reason to believe that the cincho-quinine does contain all the essential properties of Peruvian bark, and that as a general tonic, especially in malarial complications, it is among the best in the materia medica.

MEDICAL ASSOCIATION OF GEORGIA.

The present number of the RECORD goes to press too early for the proceedings of the State Medical Association. We will give a condensed account of them in our next issue.

MERRILL, THORP & LLOYD.—See new advertisement of the above house, on first advertising sheet. See also Wm. E. Warner & Cos.' new advertisement, and McKesson and Robbins. All first-class houses. Notice Bellevue Medical College advertisement. In short, read all our advertisements.

PROCEEDINGS OF THE LOUISIANA MEDICAL ASSOCIATION.

The Association was organized on the 4th of January last in the city of New Orleans. Officers elect for the year are as follows:

Dr. J. C. Egan, President.
Dr. S. M. Bemiss, First Vice President.
Dr. J. W. Dupree, Second Vice President.
Dr. G. A. B. Hayes, Third Vice President.
Dr. Thomas Layton, Recording Secretary.
Dr. S. S. Herriek, Corresponding Secretary.
Dr. G. K. Pratt, Treasurer.
Dr. S. E. Chailli, Orator.

The constitution presented by Dr. A. A. Lyon, the chairman of committee, is well gotten up, and the meeting was attended by a respectable number of intelligent and progressive medical gentlemen.

A committee from the association composed of Drs. Richardson, Watkins and Layton, addressed a circular to the physicians of the State upon the importance of establishing local medical societies, from which we extract the following valuable suggestions which we trust will be observed in Georgia and other States:

"1. By means of such organization the individual members thereof are stimulated to higher professional culture, and to closer and more systematic observation of the progress and treatment of disease.

"2. Each member's knowledge of prevailing diseases, of types of disease, and of the results of various methods of treatment in the same locality, is thus made the common property of all.

"3. The community of interest resulting from formal association, largely increases the influence of the profession upon general society, and thus serves as a principal means of diffusing information, and repressing empiricism.

"4. It is only through the formation and maintenance of numerous parish societies that a State Society may be made successful.

"5. Probably the most important consideration that we can mention, and one which we would most earnestly press upon your attention, is the fact that it is only by the formation of such parish or county societies, which shall act in concert with the State Society, that the profession can hope ever to accomplish anything whatever in the improvement of medical education, or in the inauguration and promotion of State Medicine, than which no subject of equal importance to the material welfare and happiness of the people can possibly be proposed to these who make and execute the laws of the Commonwealth.

"We would suggest that the organizations in these parishes in which the number of physicians is small, need not comprise a full complement of officers, a president and secretary being all that is necessary; nor is it essential that frequent meetings shall be held. In this way a society may be maintained at little or no expense, and without any serious tax upon the time of the members."

MEASLES.

The measles is extensively prevailing in this vicinity. Many say that they can't tell where they got it unless they "*caught it at the circus.*" We are satisfied that infectious diseases, especially measles and scarlatina, are transmitted from point to point and scattered broadcast by these traveling companies. It is affirmed, however, of measles, that the gathering together of multitudes, or the mingling of people of different races, or from different neighborhoods or classes of society, will generate the disease. Hence, in times of war, when men go into camp, rubella is usually the first disease that makes its appearance.

BANDANNAH.—We have good reason to believe that in admitting the *bandannah* advertisement to our pages we were imposed upon, and that it is a humbug. Such things are liable to happen occasionally, despite the greatest care. The best we can do in such cases is to take it out at once and place our readers upon their guard, which we have done.

LUDDEN & BARNES, the great piano men of the South, have another advertisement in the present number of our journal. We commend them to any who may desire to purchase pianos or organs.

BOOK NOTICES.

CONTRIBUTIONS to the History of Medical Education and Medical Institutions in the United States, 1776-1877.

Special report prepared for the United States Bureau of Education, by N. S. Davis, A. M. M. D., Washington, D. C.

ORIGIN and Progress of Medical Jurisprudence—1876 to 1777.

A centennial address, by Stanford E. Chaille, A. M., M. D. From Transactions of the International Medical Congress for the benefit of the legal and medical professions of the United States.

SUSPENSION as a Means of Treating Spinal Distortions. By Benjamin Lee, A. M. M. D.: Philadelphia. From Transactions American Medical Association.

ETIOLOGY of Intemperance. By Charles W. Earle, M. D., Physician to the Washington Home, Chicago.

SCARLATINA in CHICAGO, particularly the Epidemic of 1876-7. By Chas. W. Earle, M. D., Chicago.

"**THE BLOOD IS THE LIFE.**" A Treatise on Immortality, founded on Bible truths. By Joseph Wheeler, of Bath, New York.

METEOROLOGY in the Science of Medicine: An address delivered before the Austrian Meteorological Society, by Dr. Schreiber. Translated from the *Oesterreichische Zeitschrift für Meteorologie* by W. H. Geddings, M. D., of South Carolina.

ANNUAL REPORT of the Pennsylvania Free Dispensary for Skin Diseases. Philadelphia.

ATLAS OF SKIN DISEASES, by Louis A. Duhring, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania. Physician to the Dispensary for Skin Diseases, Philadelphia, etc.

Part third, containing beautiful and life-like illustrations of—

Eczema—(Squamosum).

Syphiloderma—(Erythematousum).

Purpura—(Simplex).

Syphiloderma—(Papulosum).

These illustrations are painted from life. The work will appear in parts to be issued quarterly, each containing four plates, royal quarto in size. The work will be completed in eight or ten parts, and will constitute the most valuable aid to the practitioner in the diagnosis of skin diseases that has, perhaps, ever yet been offered the profession.

Price, \$2 50 per part. J. Lippincott & Co., Philadelphia.

THYROID GLAND REMOVED.—Dr. O. E. Newton, of Cincinnati, recently performed this rare and bloody operation successfully.

DIED.—One of our subscribers, Dr. J. E. Borroughs, of Stevensville, Texas, died on October 2d, 1877.

THE Pharmaceutical Association of Georgia met in Augusta, on the 9th inst. Dr. P. H. Sand, the President, delivered an address. Resolutions of regret at the death of Dr. J. A. Taylor were adopted and an eloquent eulogy delivered by Mr. Rankin, of Atlanta.

Laws of pharmacy were discussed and agreed upon—to be submitted to next Legislature. Mr. J. Zacharius will be the orator, and Savannah the place of next meeting.

RECEIPTED 1878.—Drs. A. L. M. Hawkins, J. R. Wilson, John H. Henry, M. T. Bell, W. H. Wells, T. A. Cook, J. S. Milling, J. M. Stansell, F. Courtney, F. DeLee, J. H. Reynolds, B. R. Ibric, J. W. Bennett, R. H. Davis, J. S. Carothers, J. T. McDonnell, T. J. Blackamore, J. M. Lewis, M. Demaret, W. G. Noyes, T. J. Brasher, J. S. L. Miller, J. E. Martin, W. H. Whitehead, M. J. Luster, E. N. Cushing, J. D. Terrell, P. M. Catching, E. Y. Flemming, W. S. Posey;—F. M. Canton, 1877 and 1878, R. D. Lucius, 1877; W. J. Judd, 1876 and 1877.

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R. C. WORD, M. D., Managing Editor.

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ORIGINAL AND SELECTED.

ON SOME OF THE USES OF HY- POSULPHITE OF SODA IN MEDICINE.

BY T. B. GREENLEY, M. D., KY.

I have been using hyposulphite of soda in the practice of medicine for over ten years. The first knowledge I had of its use I think was in 1867, for glanders in horses. The first account that I have noticed of its use was in 1866, by Dr. Leavett, of Germantown, Pa., who treated an obstinate case of intermittent fever with it successfully.

In 1868, Dr. Chubb, of Maryland, and others, used it with more or less success in the treatment of intermittent fever. Prof. Polli, of Milan, seems to have been the first to discover its antiseptic properties, and recommended it in zymotic diseases. He believed it to possess anti-fermentative powers in the blood, and advised its use in septicemia, etc.

From my observation of its medicinal effects, I must express the belief that it possesses the power to arrest, or at least to a very great extent control, septicemia in puerperal fever. I have given it in every case of that disease which has come under my care for the last ten years, and fortunately have not lost a case. Of course I used the other ordinary remedies in that trouble, such as quinia and opium in conjunction with the hyposulphite, but mainly relied on the latter.

I have used it in a few cases of typhoid fever, but more particularly in typhomalarial fever, and can say as I said in regard to puerperal fever, have not lost a case of either; but I do not wish to be understood as relying on this medicine alone in these diseases.

It also possesses anti-periodic properties. I have tested its virtues in this respect in many instances. It may be safely said that it will control the parox-

ysms of intermittent fever in at least half of the cases that come under our treatment. I think it is better adapted to the treatment of the tertian variety than the quotidian, as you have one well day to administer it in. It should be given in full doses during the interval between the paroxysms, and repeated as often as every three or four hours.

In some cases of remittent fever, when the patients were so much prejudiced against quinia as to refuse to take it, I have relieved them solely with the use of the hyposulphite. In fact, I use it as part of the treatment in all cases of remittent fever, and I think with great benefit. It is doubtless anti-pyretic as well as anti-periodic in its effects. I have given it successfully in cases of chronic boils, and feel confident it would prove a valuable adjunct in the treatment of psora and some of the allied diseases of the skin.

I have been in the habit of using it as a febrifuge and diaphoretic in most of the inflammatory diseases, especially when the temperature is very high.

It possesses slight laxative properties, and as a general thing is sufficient in that respect in most cases of fever.

Of course in typhoid and typho-malarial fevers, where there is a tendency to diarrhoea, we would exhibit it very cautiously, if at all; but as a general rule, we can give it in small doses without its laxative effect.

It is like all other medicines as regards the quantity to be given at a dose. We must be governed in this respect by the condition of the patient. To an adult, under ordinary circumstances, in a case of high fever, we could give from 10 to 20 grains every 2 to 4 hours with safety.

I usually administer it in solution, say 20 grs. to the ounce of water, and give a large spoonful every two hours. This quantity may be diluted with several times its bulk of water and sweetened, which will very much cover its disagreeable taste. When thus diluted

and sweetened, children take it very readily.

I have used the sulphite and bi-sulphite of soda, but greatly prefer the hyposulphite to either. It is equally, if not more effectual, as a remedy in all the diseases in which I have tried them, and far more palatable to take.

It would be a difficult matter to so cover the taste of either the sulphite or bi-sulphite as to induce children to take them.

I omitted to say in the outset that hypo-sulphite of soda had been used in diphtheria. I recollect seeing a communication a few years since from a surgeon U. S. Navy, whose name I have forgotten, published in the *American Journal Medical Sciences*. He spoke very flatteringly of the effects of this medicine in diphtheria, both internally and locally. I have had no opportunity to use it in that disease.

Dr. Constantine Paul, of Paris, in 1867, spoke very highly of hypo-sulphite of soda as a disinfectant. He used it in solution to destroy the bad odor of feces in dysentery; and recommended it as a disinfectant, etc., in fetid lochial discharges. He applies it to the parts by moistening cloths, etc., and says it destroys all offensive odors.

It may be said that this medicine is a hobby with me, but it is not the case. I have been using it too long for a hobby to last. Hobbies usually wear out in less than 10 years.

PAINTER'S COLIC (COLICA PICTONUM).

BY O. C. NEWTON, M.D., OF CINCINNATI.

There are persons who are very liable to this disease; those who work in and with lead, occupants of lead manufactories; the business of painting generally.

A young man, twenty years of age, a painter by profession, had been in severe convulsions for two days, bowels constipated and enormously distended, and no movement accomplished, notwithstanding

ing every effort had been used by previous physicians.

I was called at 2 p. m., found him in the above condition, in great agony.

Treatment: The first thing I did was to give him a full dose of morphia, one-third of grain hypodermically, with a view of relaxing his system, which had the desired effect. This I at once followed with castor oil internally, three tablespoonful, and one teaspoonful of turpentine, mixed, and taken in warm milk. Very soon after this, I gave him, through an anal gum elastic tube, passing it up the bowels as far as possible, a large injection of oil, four tablespoonful, molasses, two tablespoonful, and two teaspoonful of salt in three pints of warm castile soap suds, holding the rectum to retain it; I also ordered a large warm hop poltice over the bowels. In less than an hour he had a copious discharge from the bowels.

I gave him the morphia in the way to relax the system, to allow the cathartic and the injection to do the work which it had failed to do with the other physicians. I followed this treatment by poltices and soothing aperients, and he soon recovered.

The point of superiority of practice in this case lay in the use of medicine by the hypodermic syringe, which did not nauseate, and which so relaxed the muscular contraction as to allow the balance of the treatment to do what it would not do with the muscular rigidity present.

Two pounds of chloroform had been given to this case, by inhalation, previous to my being called, but as soon as he came from under the influence of it, the spasms would return.

When I find persons who are working in paint, I instruct them to keep vessels filled with fresh water around them, especially house-painters. Such persons should drink freely of sweet milk—drank in the place of water. They should wear clothing free from the saturation of paint, contrary to their usual custom of using the same outside clothing, week in and week out. Bathing is highly necessary.

If working in factories, they should have all the fresh air and ventilation possible.

There are some persons who cannot stand the least influence of paint, and such persons should not be permitted to work about it. Many persons will suffer with their kidneys, while others will suffer from a catarrhal affection, if they remain in a house that is being painted.

Every family in which there is a member who is subject to colic of any kind, should always possess themselves of and hold in readiness that valuable domestic appliance, "Davidson's rubber syringe," that they may have the benefit of an injection at once. It cannot be too promptly used. Very frequently, and in almost every case of colic, if the injection be early enough used, relief is the result.

ANTAGONISM OF THERAPEUTIC AGENTS.

Dr. J. Milner Fothergill, in the Philadelphia *Medical Times*, contributes a very interesting letter, from which the following extract is made:

"At the risk of being charged with egotism and some vanity, I may refer to the subject-matter of an essay to which has just been awarded the Fothergillian gold medal of the Medical Society of London. The subject of the essay was "The Antagonism of Therapeutic Agents," a matter of great interest at the present time, and one which will wax in importance in the future. With the exception of a confused impression as to the antagonism of opium and belladonna, our knowledge has been almost confined to chemical antidotes and their utility in poisoning—the use of sulphuric acid and of iodide of potassium in chronic lead-poisoning being an example. But recent researches have demonstrated that many agents have a physiological antagonism, which may be utilized practically. Thus, Prof. Frazer, of Edinburgh, worked out the antagonism of calabar bean and belladonna in the most thorough and efficient manner. He showed that not only could minimum lethal doses be success-

fully antagonized, but that considerably larger doses could be met successfully by correspondingly larger doses of the physiological antagonist. He made most exact observations as to the effect of calabar bean upon the respiration and the circulation, and showed how, when both were failing conspicuously, the administration of atropia restored them completely. In fact, the interest of the experiments performed so far has lain around those rhythmically discharging centres which preside over the respiration and the circulation. The centres for the respiration are situated in the medulla oblongata, the used vital of Flourens; while those of the circulation are essentially the ganglia which lie in the septa of the auricles and betwixt the auricles and ventricles. In both these motor centres there is an accumulation of energy which explodes rhythmically and sets the muscular mechanism in action. It is these centres upon whose activity life depends, and it is the effects of toxic agents upon these centres which make them dangerous to life. The unconsciousness produced by opium is in itself of little importance: it is the failure of the respiration first, and then of the heart next, which constitutes the real danger; and paralysis of the nerve-centres of these systems is the action of opium in toxic doses which is to be feared. Oscar Liebreich first observed that strychnia and chloral possessed a powerful antagonistic action, which might be utilized in practice; and there is a well-known case, published by Dr. Levinstein, where an overdose of chloral had been taken, and which recovered, after most grave symptoms had manifested themselves, by the use of nitrate of strychnia injected subcutaneously. Many experiments were performed by the Edinburgh committee of the British Medical Association, presided over by the late Prof. J. Hughes Bennett, by which the antagonism of various agents was demonstrated and proved.

Then Dr. Crichton Browne demonstrated how the convulsions produced by

microtoxine, the active principle of the *coculus Indicus*, could be controlled by chloral. It was very interesting to watch two rabbits to each of which a lethal dose of microtoxine had been administered, but to one the antagonistic dose of chloral had also been given. The first was subject to recurrent attacks of fearful spasm, very much like strychnia spasms, including opisthotonos, culminating in a terrible final convulsion; while the other lay peacefully before the fire, wrapt in chloral sleep, an occasional slight twitch alone indicating the presence of the microtoxine. But if this second rabbit were wakened out of its chloral sleep, then a microtoxine fit would come on, resembling those in the rabbit without chloral; before a second convulsion could come on, the chloral narcosis had resumed its sway, and the animal slept on undisturbed, to awaken up well alongside the stiff corpse of its less fortunate companion. It was evident that discharges from large motor areas were excited by the action of the microtoxine, and that chloral could restrain them if given in sufficient quantity. These experiments have had much to do in deciding the present large resort to chloral in asylums to control maniacs and general paralytics in their recurring infuriated outbreaks of violence.

Then a series of experiments were performed by the writer to test the antagonism of aconite and digitalis in warm-blooded animals. It was soon apparent that in the rabbit and guinea-pig digitalis did not sufficiently antagonize the effect of the aconite upon the respiration to be useful. It exercised some effect if given from five to nine hours before the administration of aconite. It, however, maintained the action of the heart, which was found contracted firmly after death; but it did not prevent efficiently the action of the aconite upon the respiration. The belladonna was tried and found to be a perfect antidote, as might have been expected from its well-known action as a stimulant to the respiratory centres and to the cardiac ganglia. The animals, expiring with respiratory gasps at gradually

lengthening intervals, began to respire more forcibly after the administration of belladonna, and more quickly, until normal respiration was regained. The atropia was effective in saving life up to sixteen minutes after the injection of the aconite—a long time in aconite-poisoning, but if delayed longer it prolonged life but could not save it. Then strychnine was tried, and was found most effective, the animals recovering swiftly, only to die in the expiratory spasm of strychnia when perfectly recovered from the aconite-paralysis. At this interesting point the Anti-Vivisection Act came into force, and brought to a close a series of experiments which are well worth carrying out by some investigator in a land less hampered than is Great Britain in the matter of scientific inquiry involving experimentation upon animals.

These observations as to the effects of certain toxic agents upon the action of other toxic agents tell us much that can be made practically useful. In the first place, this physiological antagonism has been utilized in cases of poisoning, and strychnia-poisoning has been several times successfully treated by chloral, as well as the opposite in Dr. Levinstein's case. Dr. Dobie, of Keighley, used digitalis successfully in a case of aconite-poisoning, where the man was very far gone. Here the digitalis must have exercised some influence upon the respiration as well as the circulation, or else an effect upon the circulation is soon felt by the respiration, so closely are these two centres linked together. In a recent case the writer gave a grain of sulphate of atropia at once, subcutaneously, to a woman far advanced in opium-poisoning, with the effect of an early restoration of the respiration, which was notably failing while the pulse kept steady. Without previous acquaintance with the effect of the administration of a counter-poison to animals dying from the toxic effects of another poison previously administered, probably some hesitation might have been experienced as to the large dose adopted. The result, how-

ever, justified the size of the dose completely. In fact, our acquaintance with the subject of the antagonistic action of certain poisons must exercise a potent influence over the future of toxicology. Probably it will be found that the best plan of treating opium-poisoning will be to empty the stomach thoroughly, and then to inject subcutaneously a fourth or third of a grain of atropia before the respiration has begun to fall; after that, to put the patient to bed, and watch assiduously the respiration, the circulation, and the body-temperature. If the respiration should still show indications of failing, to inject a second dose of atropia of equal size would be the best thing to be done, or even more if required. This would be much more effective than dragging the patient about and administering strong coffee, and would enable the medical attendant to take minute observations whose value we may not yet be in a position to estimate. A further outcome of such a plan of treating opium-poisoning would be that we would soon learn how far atropia could be trusted to antagonize the action of opium upon the centres of respiration and circulation, and how little it affects the action on the sensorium. There exist excellent grounds for believing that by such combination we will be enabled to give, without anxiety as to the result, much larger doses of opium or morphia than have hitherto been thought safe, in cases of severe pain, or in the fearful cough of some cases of softening tubercle. In all cases the toxic action of the opium upon the respiration should be made the ground for action, and not any change in the pupil, as has hitherto been done. The pupil is a dubious and unsafe guide, for it may be dilated by atropine even when the dose is utterly ineffective to arrest the opium-poisoning, as was seen in a case lately recorded by Dr. Paget, of Cambridge.

Other uses of such advancing acquaintance with the effects of toxic agents upon the respiration are developing themselves. When the respiration is embarrassed in asthma we know that belladonna often

gives great relief, as it also does in whooping-cough. But in order to give a remedy with some approach to rational certitude in either of these maladies, it is well to note the general condition of the respiration and be guided in the selection of a remedy accordingly. If it be found excited give an agent which calms the *nervus vitalis*; if depressed a stimulant agent like belladonna is indicated. In a little time we shall prescribe with considerably more accuracy in these neuroses of the respiration. Then, too, in chronic bronchitis with emphysema, strychnia and belladonna are very useful, and in the bulk of cases give great relief. In more acute conditions they give much promise, and a friend of mine recently pulled through successfully, by the use of strychnia, a case of capillary bronchitis which seemed as if it must necessarily end fatally. It was with much satisfaction the writer read the paper by Dr. Reinhard Weber, in the *Philadelphia Medical Times* for February 2d, on the use of belladonna in collapse, and the use of agents acting powerfully upon the respiration and circulation must obtain extensively in the future in temporary asthenic conditions where life is gravely threatened without death being unavoidable, and where a slight matter even may settle the question of life and death. But the subject cannot be pursued further within the limits of a letter.

DUALITY OF THE BRAIN.

Read before the Meigs Co. Medical Society.

BY J. BARR SMITH, M. D.

Mr. President and Gentlemen:—As you are all familiar with the anatomy of the brain, I will occupy no more of your time with the anatomical construction than will be necessary to illustrate my position.

1st. The brain is a duality.

2nd. Each one of the pair is separate, distinct and complete in itself. Each one of the pair performs all its functions

independent of its fellow. The functions of the brain are: the perception of an impression, volition, memory, and the power of originating motion. Therefore, each one of the pair has a faculty of the perception of an impression, volition, memory, and the power of originating motion.

Reasoning from analogy: Physiologists for the sake of convenience usually divide the body into a number of systems, each system consisting of a number of organs subservient to the same purpose in the economy. These organs are always found in pairs, except the outlets and reservoirs, the functions of which are passive, as they perform no active duty; for instance, we have two arms, each one of the pair complete in itself, capable of performing the same offices alone and unassisted by its fellow. Each arm has the same number of bones, muscles, etc., arranged in the same manner; so also of the lower extremities; so also of the organs of our senses, hearing, seeing, etc. The nerves are given off in pairs; the bronches. Now, when all the organs of the body of which we have positive knowledge are found in pairs, is it not reasonable to infer that the brain also consists of a pair separate, distinct and independent as the arms.

Reasoning from cause to effect and vice versa from effect back to cause: One of the pair of brains can and does recall impressions its fellow never had any perception of. We can and do call into activity one of the pair whilst its fellow is dormant. Each one of the pair may and does receive distinct impressions at the same time. A writing master can trace with a pen on paper a letter of the alphabet that will extend exactly to a certain line above and to a given line below; he can then make an exact copy of it, or a dozen if he wishes, so much alike you cannot detect any difference. To accomplish this he must judge of the exact distance to move his hand, the exact directions to move his hand, and the exact position to hold the

pen. The power of originating motion is a faculty of the brain, not of the hand nor arm. His hand, therefore, moves as directed by the brain—the result of education. Let a man who has never learned to write undertake in like manner to make a dozen copies of the same letter. His arms may be as strong, his nerves as steady, his brain as active as the writing master. He may have all the physical qualifications, yet, he cannot make two letters exactly alike; it must be learned. Now let the same writing master take the pen in his left hand and undertake to make a copy of the letters he has traced with his right hand, and he can no more do it than the man who has never learned to write. Why? The nerves that supply the right arm are given off from one of the pair of the brains, the nerves distributed to the left arm from the other one of the pair. One of the pair of brains has been educated to move the hand the required distance and direction, whereas the other one of the pair has not been so educated.

If a man has only one brain, one memory, one source of originating motion, the distance and direction learned, the brain could and would direct the motion of either hand indiscriminately to move the required distance and direction. The writing master has educated but one of the pair of brains—the one correlated to the right arm, consequently to write with the left hand he must also educate the one of the pair correlated with left arm's hand, and this is true of all the organs of the body. Dancing masters frequently find their pupils learn to execute all the movements they require with one foot readily, and almost impossible to learn and execute the proper movements with the other foot of the pair. Now if the brain is a unity; if the pupil has but one memory, one source of originating motion, one volition, the time distance and direction once learned, the feet moving only as directed by the brain would of course be equal, the same time, distance and direction being required.

Again, we have a pair of organs communicating sound to the brain—one communicating directly with the right the other with the left brain. The time as well as the volume or force with which it reaches the brain must vary according to the direction from which the sounds proceeds and the position of the organs of hearing. If the brain is a unity this would destroy the harmony. Either one of the pair of brains has prehension of the sound and the other has not, or each pair receives the sound independent of its fellow. So also of sight, the rays of light from one object impinge on both eyes, two images are conveyed to the brain. If the brain is a unity we would of course see every object double.

Again, each one of the pair of brains can be active at the same time. A school teacher can add up a column of figures correctly and listen at the same time to a scholar recite a lesson. A man can write a letter on one subject, and at the same time listen to a conversation on a different subject. A man could as easily move one foot or one hand in different directions at the same time as one brain could act in different directions at the same time—reasoning from analogy.

The power of originating motion is a faculty of the brain, when the brain is injured so that the motion of a part is interfered with. If but one of the pair of brains is injured the paralysis is always on the side correlated to the brain injured. If the brain is a unity it would be impossible to paralyze one arm without at the same time paralyzing both. Unilateral sweating from one of the pair being diseased could not result if the brain is not a duality.

Reasoning from the anatomical construction of the brain: The normal brains of two individuals differ in size, number and arrangement of convolutions, depth of anfractuositities as well as intellectual power and disposition. So also do the pair of brains differ in the same individual; the size, convolutions,

etc., of the right differs from the left. By keeping in mind that the brain is a duality, and the pair differ in their formation in the same individual, we can easily understand the many apparent contradictions we find in the manner, disposition, etc., of the same individual.

RECAPITULATION.

1st. The brain is a duality because all the organs of the body of which we have positive knowledge are found in pairs, except the outlets and reservoirs.

2nd. One of the pair of brains may have the perception of an impression when its fellow has not.

3rd. One of the pair may be educated and the other not.

4th. Each one of the pair may have the perception of different impressions at the same time.

5th. When only one of the pair is injured so as to destroy the power of originating motion, the paralysis is only on one side of the body.

6th. The shape, size, convolutions, anfractuositities, etc., of one side differs from its fellow.

7th. We can in no other way account for the contradictions in men's characters, and the peculiarities of many diseases.—*Lancet and Observer*.

GONORRHEA—ITS PATHOLOGY AND TREATMENT.

By C. C. GODSHAW, A.B., M.D.

(Read before the Louisville Academy of Medicine, April 19, 1878.)

To the young practitioner especially is the study and proper treatment of gonorrhea deserving of consideration, as it is to him that patients usually come for relief. Almost every doctor claims to possess a sovereign cure, and yet we not unfrequently find cases that have proven rebellious to all treatment, and the patient, disappointed and disgusted, lets the disease take its own course.

I propose this evening to show as briefly as possible that success depends less on the medicinal agents given than

on close attention to cleanliness and the thoroughness of application of the means employed.

PATHOLOGY.

Gonorrhea in the male is an inflammation of the mucous membrane lining the urethra analogous to catarrhal inflammation which invades the conjunctiva. It is a local inflammatory trouble requiring local treatment for its cure. It is virtually an urethritis, but, not always of a specific nature. Although writers on the etiology of this disease admit its infectious and contagious nature, yet its specialty in all cases is to be doubted. In proof of this I could report many cases whose history and origin I have traced, and know have not been due to the specific virus. As it is a well-known fact that almost all women, be they chaste or unchaste, have leucorrhea, and since as yet the microscope has failed to reveal any difference between gonorrhea and simple urethritis, the history alone can determine the nature of the cases. Gonorrhea should therefore be classed as an urethritis—a tumified and vascular condition of the lining of the urethra discharging a muco-purulent secretion.

TREATMENT.

Believing as I do in the local nature of the disease, I do not recommend the anti-blennorrhagic treatment, as few will tolerate it, and besides with me it has not worked any good results. The so-called abortive treatment—caustic injections and applications—should also be discountenanced, as they do no little harm.

Gonorrhea, like other catarrhal inflammations—as, for instance, ordinary conjunctivitis—can be cured with mild, weak, and soothing astringent injections properly used, and with due attention to hygiene and cleanliness. Certainly when indicated in constitutional derangements—as malaria, anæmia, rheumatism, etc.—tonics and appropriate medication are necessary. It should also be seen that the bowels are kept soluble and kidneys act freely. The following is a favorite combination with me, and cures, when

used as directed, in from ten days to three weeks, often sooner:

R Sulph. zinc..... } aa grs. ij-ijj;
 Tannic acid..... }
 Sulph. morph..... grs. iij-vi;
 Sulph. atrop..... gr. ss-j;
 Distilled water..... oz. vj.

Dissolve. Direct to inject every two hours.

Since I have used the atropia in combination with morphia, in weak astringent injections, I find, through its valuable anodyne and antispasmodic properties, that the tendency to chordee is controlled, while the pain produced by the passage of urine is considerably mitigated.

If there is excessive pain during micturition, the following formula, much used by Zeissel and Sigmund, of Vienna, may be prescribed:

R Ext. cannabis Indic: }
 Ext. hyoscy. sem..... } aa grs. iv;
 Sacch. alb..... oz. ss.

M. Ft. chart No. 9. Sig. One every three hours.

In using the injection the patient should be shown very minutely the method of using the syringe. The doctor should always inject for him the first time, and afterwards if necessary, thus seeing that he performs it properly, and as the symptoms and discharge decrease so should the number and frequency of the injections. After using the syringe, so plainly described by Bumstead, the instrument should be withdrawn, and the medicated liquid allowed to remain for a few minutes.

Before doing this, however, one rule must be implicitly followed—to urinate before injecting. It is also a good plan to inject simple water just previous to using medicated fluid,* thus insuring thorough cleansing of canal.

In regard to syringes, the hard rubber is preferable. Its nozzle should be about one half inch in length and smooth, so as not to lacerate the already diseased tissue. The patient should also be advised to wear a suspensory bandage during the treatment. If the bandage can

not be conveniently had or bought a very ingenious substitute is found in the shape of the heel of a cotton sock, to which are attached four cords or pieces of tape.

HYGIENE AND CLEANLINESS.

In a person whose glans penis is covered with a long prepuce too much attention to thorough cleanliness can not be exercised. Frequent ablutions must be practiced. In such a case the cure is undoubtedly retarded by the meatus urinaris being occluded by the necessarily inflamed preputium and the constant irritation of the accumulating discharge and decomposed secretion. Such disgusting signs are seen on persons who otherwise are scrupulously clean! I find that the circumcised, or even those whose glans are partially covered, yield more readily to treatment. The sanitary influence of circumcision in the treatment of gonorrhea alone, in my observation, is a great factor.

DIET AND HABITS.

Moderation and temperance should be advised. Wholesome and nutritious food must be taken, whilst the idea of starving out the disease is simply ridiculous. If the patient be accustomed to liquors, malt or otherwise, or tobacco, I find by depriving him entirely of these the disease is retarded in its cure. If when used in excess with a debilitating effect, certainly they must be interdicted, as well as society and thoughts that tend to excite the sexual organs.

It is also well to observe, as the majority of cases are in persons who, from business or other relations, can not lie down, we must enjoin as much rest as possible during treatment, and also prohibit sexual intercourse until several weeks after the cessation of the discharge.

In conclusion, I would add that we cannot be too minute and clear in our instructions, for just in proportion to these directions will the intensity and duration of his case be lessened.—*Lou. Med. News.*

CASE OF IODIC PURPURA.

BY ROBERT ABBE, M.D., NEW YORK.

W. D., aged 30, England, in excellent general condition, presented himself with three deep tertiary ulcerations upon the anterior half of the tongue. He gives the history of having had primary and secondary syphilis about seven or eight years ago.

Six years ago he had swollen testicle, first on the right, then on the left side, which disappeared under the use of iodide of potassium, which did not then cause any eruption. A year and a half ago he had deep and painful ulcers of the back of the tongue which were cured by some medicine.

Four months ago, three ulcers came on the front portion of the tongue, which still remain; one the size of a pea, another the size of a three-cent piece, and another that of a penny. He was ordered at once, B. Potass. iodid, gr. x., Hydrag. biniodid. gr. 1-16, M. t. i. d.

The ulcers rapidly cicatrized, and were soon healed. After less than a fortnight's treatment an eruption of petechial spots appeared about the ankles and on the forearm above the wrists; those on the ankles were of deep purple color. There were not more than fifty or a hundred upon either ankle, while upon the forearms there were half that number. Upon stopping treatment as the tongue was cured, they disappeared. Shortly afterward, the medicine was again renewed and the eruption again appeared. It was continued only a few days when he seemed so well that no further observation was taken of the case until about three months after, Jan. 22, 1878, when the man presented himself with a very vivid and purpuric eruption of both legs and forearms, and with the following history:—Since he was last seen by me he had twice renewed the same medicine on account of not feeling particularly well, and after a few doses had both times had a vivid eruption appear as before; the time be-

fore the present one, he had taken but two doses (=pot. iod. gr. xx.) before it appeared, but it had quickly gone away on stopping the medicine.

On the present occasion he had taken the medicine, not because he had occasion to, but he had been out of work and had nothing better to do. In two days the eruption was out in full force. It covered the entire anterior and posterior of the middle of the tibial region of the leg, and thinned out toward the knee and about the ankle; few spots appearing below this point. In parts the spots were discrete, but for a space the size of one's hand spread out they merged together, giving the skin a deep hue.

On either forearm were very numerous purpuric spots pretty uniform in size, and extending from wrist to elbow; but none above elbow, or knee. The skin was otherwise normal; no elevation of temperature. There were no traces of scorbutic tendency; the gums were normal, and his general appearance was excellent. The patient had become alarmed, but was assured that all would disappear on stopping the medicine; and so it did with remarkable quickness, for in two weeks time not even the staining could be discovered.

P. S.—*March 13.* After taking three doses of the pot. iod. mixt. at my request, the purpuric eruption has again come out to-day, quite vividly on the legs and forearms. This is the sixth appearance of the eruption following the iodide. The fifth and sixth outbreaks of purpura were accompanied by sharp epistaxis.—*Dermatology.*

HYDROBROMIC ACID IN CEREBRO SPINAL MENINGITIS.

The many excellent qualities of this acid which render it so useful a member of therapeutical armamentarium, especially in fevers accompanied with considerable disturbance, makes it incumbent upon us to refer to it briefly in this issue. There has been considerable desultory

writing in the journals concerning it during the past few months, all pointing to its excellent qualities as a cerebral sedative, and tranquilizer of the nervous system. It possesses all the beneficial action of the bromide of potassium, without the relaxing effects of the potash, and does not superinduce boils. It does not stimulate as does bromide of ammonium, and may be readily combined with quinine, to produce the hydrobromate of quinine, a most valuable tonic to the nervous system in low forms of fever, etc.

To Dr. Fothergill of London, England, belongs the credit of first having separated this acid for use, since which time it has excited considerable interest in medical circles. He gives the following formula for its production in quantities of two quarts: dissolve dr. xj of bromide of potassium in four pints of water, then add dr. xij of tartaric acid. A precipitate of bitartrate of potash falls down as a sediment, and the hydrobromic acid remains in a clear, bright, almost colorless fluid, possessing an acid taste and the ordinary acid properties, and is possessed of the peculiar therapeutical properties of bromide of potassium, as distinguished from those of any other salt of potash. The dose of this acid, thus prepared, is from half a drachm to a drachm. The smaller dose is usually that employed, except in severe cases. It is the form of bromine best suited for use in medicine. It is commending itself in the South as a remedy in fever, combined with large anti-pyretic doses of quinine. In the *Peninsular Journal of Medicine*, Dr. Wade recommends its use in the treatment of fevers and says "it would seem the acid *par excellence* when there is much cerebral excitement, in pyretic affections."

In cerebro-spinal meningitis, we have a specific contagious virus of a typhous nature, attacking with especial virulence the great nerve centres. To treat this successfully requires the highest skill, and greatest promptitude and aptitude in the selection of remedies. Briefly,

we may here summarize the most recent conclusions of the ablest men in the profession as to its treatment, as in this we may best shew the place and power of this acid, as an agent in the treatment of this formidable affection.

First: the hyperæmia of the brain and spinal cord should be relieved by the prompt and repeated application of leeches, until the pulse has fallen to below 100 or within a point at which it ceases to be alarming. Second: hot applications (not cold) are to be applied to the head and spine, with mustard pediluvia. Third: the bowels should be unloaded with an active cathartic. Fourth: to relieve the hyperpyrexia (the temperature being sometimes as high as 104° or even 106°) sedative doses of quinine (say 2 to 5 or even 10 grs.) with oz. j doses of the hydrobromic acid should be administered frequently, and continued until the petechial spots have disappeared from the skin, in doses, of course, commensurate only with the hyperpyrexia or excess of heat.

Some prefer a solution of quinine in hydrobromic acid which may be administered in doses of from $\frac{1}{2}$ to 1 drachm of the acid and 1 to 2 grs. of quinine hourly. The surface of the body should be regularly sponged as in other fevers. It is claimed that this mode of treatment will save over 75 per cent. of such cases, and prevent the distressing sequelæ which sometimes follow, shewing defective nerve power. The leeching is indispensable to relieve the violent head symptoms at the outset, and the anti-pyretic properties of the quinine are needful; but without the acid neither of these remedies would prove of more than temporary benefit.

The use of calomel has been much lauded by some, but is rapidly falling into disuse as unnecessary. Opium in moderate doses is of great service in the later stages of the disease and assists materially in promoting convalescence.—*Canada Lancet*.

HYPOPHOSPHITE OF ZINC.

SIR: This salt has never, so far as I can learn, been used internally for medicinal purposes, and the object of this paper is to explain its peculiar advantages and to call professional attention to it.

The only combination of phosphorus and zinc heretofore used is the phosphide of zinc. The formula for this, as given in Soubeiran's work as recently revised by Regnault, is PZn_3 . This shows it to consist of phosphorus and metallic zinc in the proportion of one part of the first to about six parts of the latter, and both unoxidized. As no oxygen enters into its combination, the phosphorus produces the same irritant effect in the stomach as if given in the free state, its irritant action being caused by its oxidation.

The ordinary dose of phosphide of zinc is one-tenth grain. This quantity cannot be largely increased. The proportion of zinc contained in this quantity is too infinitesimal to prove a very powerful nervous tonic, while the proportion of phosphorus is still less.

I therefore propose the use of hypophosphite of zinc. The formula for this is $(ZnO, 6HO, PO) O=8$.

In this salt both the zinc and phosphorus are in a protoxidized state, in which condition the phosphorus is rendered non-irritant, admitting the use of such quantities as to fully meet all indications for either phosphorus to zinc. The salt being perfectly soluble, is at once assimilated, while both elements in the phosphide must be oxidized previous to assimilation. Its advantage in most nervous diseases over zinc oxide, zinc sulphate, etc., being that the very desirable effects of phosphorus in its best condition for assimilative action are also available by its use.

The condition of absolute purity is essential to this, as to all hypophosphite salts, for unless used in this condition their therapeutic effect is either very much impaired or wholly lost.

I recommend the use of the syrup, as

the sugar is a most efficient preserver against atmospheric influence, and renders the preparation more palatable, though the salt has scarcely any taste, at first, a slight metallic after-taste being perceptible.

It is prepared in the form of syrup, eight grains of the salt to one fluid ounce, and may probably be given in twice or thrice that quantity three times a day.

The salt used is purified and neutral. It has been therapeutically tested with very satisfactory results.—R. W. GARDNER, in *New York Med. Rec.*

SOCIETY REPORTS.

ATLANTA MEDICO-CHIRURGICAL ASSOCIATION.

Reported by Dr. Olmstead.

Monday evening, April 1st, Dr. Roach in the chair.

Dr. Knott exhibited a specimen of a female foetus which he removed from a negro woman who had been in labor over 100 hours. The patient was a mulatto, aged 35 years, and had borne two children previously, experiencing some difficulty with one of them.

When he arrived, found the woman almost moribund, pulse extremely feeble and labor pains entirely subsided.

On examination found the occiput presenting to the symphysis. The head very large, and the bones of the cranium so completely ossified that no fontanelles existed. An effort was made to introduce the forceps, but was found impracticable.

In consultation with Dr. A. R. Alley, the operation of craniotomy was decided upon. The operation proved to be exceedingly difficult by reason of the entire ossification and density of the cranium. After long and laborious efforts, and before the operation was complete, the woman began to sink, and though stimulants were administered, and every effort made to sustain her, she expired undelivered.

Being anxious to see the child, and

ascertain fully the nature of the difficulty, he procured the consent of the friends to remove the fetus by cesarian section, which he did, and extracted a fetus of extraordinary size, as seen in the specimen presented. Length, 22½ inches; the diameters of the scalp relatively disproportioned to those of the pelvis, and the weight of the child at least eighteen or twenty pounds!

It was evidently a mechanical impossibility for the child to have been born. Nor is it likely that it could have been delivered by the perforator or by evisceration on account of the extraordinary size of the fetus. Dr. Knott expressed the opinion that the cesarian section in such cases would be not only justifiable, but would be clearly indicated as affording the best chance for both mother and child. It was in the highest degree probable that, with the state of inertia in which he found the womb, if he had succeeded in delivering with the forceps or the crotchet, the woman would have died from uterine hemorrhage; whereas, the cesarian section would have furnished a better chance to control the hemorrhage by manipulation.

Dr. Alley, who assisted Dr. Knott in this case, confirmed the facts given by him, and concurred in the views expressed. He regarded the case as one of prolonged gestation.

Dr. H. B. Lee agreed with Dr. Knott's conclusions as to what could be done at the time and under the circumstances that he saw the case. The excessive distension interfering with locomotion, rest and nutrition, continuing probably for several weeks in this case, had suggested to his mind the propriety of the induction of premature labor in similar cases.

Dr. E. J. Roach remarked that the question as to the propriety of performing so grave an operation as the cesarian section in a woman who had previously given birth to children, is one difficult to decide. He would certainly not do so without first exhausting all other instrumental methods.

Dr. Knott stated that though the

cesarian section was a very grave operation, and to be resorted to only in very exceptional cases, it was too frequently postponed until too late.

Dr. A. J. Pinson presented to the Association a specimen of worms (*ascaris lumbricoides*), 73 in number, discharged in one day. Worm fever was well marked in this case. Treatment—

R Saccharated calomel.

Santonin, aa grs ij.

Ft four powders.

Take one every four hours.

Dr. Pinson also reported a case of measles wherein the eruption was visible on the tongue and fauces five days before it appeared on the skin.

—
Monday, April 22.

Dr. Grawford in the chair.

Dr. Asher reported a case of strangulated inguinal hernia, occurring in a young man aged seventeen, who had been the subject of congenital hernia. Recently, in carrying a heavy weight, the hernia suddenly increased in size—a large tumor appearing in the scrotum. The pain and other symptoms becoming worse, the Doctor was called in a few days after the appearance of the tumor. He found great difficulty in making a diagnosis as to what the contents of the tumor were. There was a large, soft mass, but no distinctive evidence of the presence of the intestine could be obtained. Dr. Willis Westmoreland saw the case with him on Friday, both agreed as to the difficulty of making a diagnosis as to what the contents of the tumor were.

On Sunday it was decided that an operation should be performed, which was done by Dr. Westmoreland, who cut down upon the tumor, which was found to consist of a large mass of the omentum, with only a small portion of intestine (about one third of an inch), had descended.

The stricture was divided, and the gangrenous portions of the omentum having been removed, the remaining parts were returned to the abdominal cavity. The patient died half an hour

after the completion of the operation, having never rallied, even from the effects of the ether which was used. He had been in very good condition at the commencement of the operation, in regard to his pulse condition of the skin, etc.

Dr. Asher concluded his report by remarking that, to his mind, the important point in this case was the difficulty in making a diagnosis; and he would like to know how he could have settled in advance the question as to what this large, soft mass in the scrotum was. An interesting discussion followed as to what was the cause of death in this case, there having been no symptoms of peritonitis before the operation was undertaken, and as the death took place half an hour afterwards, this complication could not have been in force, as a cause. Dr. Asher was satisfied it was not due to the anaesthetic used; he thought the patient died from the "shock of the operation." In reply to a question as to the post mortem appearance of the body, he stated that only a small slough, about the size of a pea, indicated a lesion of the bowels.

Dr. J. J. Knott reported a case presenting the following symptoms: A gentleman had fever for five days, complained of headache, soreness in the muscles of the back, etc. At the expiration of that time, an eruption appeared, papular in character, and there was a cessation of the fever. The eruption, at first papular, became umbilicated, patient complaining of severe itching. Dr. Alley stated that he had seen this case with Dr. Knott, and he considered it a well marked case of variola.

MEDICAL ASSOCIATION OF GEORGIA.

The Medical Association of Georgia held its annual meeting in Atlanta commencing on the 17th of April, and was in session three days.

The Sunday-school Convention which was in session at the same time, diverted

the attention of the public so that very few spectators witnessed the proceedings of the society. Nor did there seem to be the usual degree of interest in the work of the association by the members present or the profession generally.

The Association met in the Senate Chamber, and was opened with prayer by the Rev. Mr. Martin of the 1st Presbyterian church.

The address of welcome was made by Dr. Jno. M. Johnson in eloquent language, and appropriately responded to by Dr. Charters, of Savannah.

Dr. Battey, the outgoing president, then introduced the president elected at the last meeting, Wm. O'Daniel, who delivered an interesting inaugural address.

About 80 members enrolled their names.

Reports of sections were called for. Many failed to report.

Dr. G. J. Grimes read a paper on tubercular meningitis.

Dr. Gregg made a verbal report of a number of cases in gynecology.

Dr. Kennon—a paper on fistula in ano.

Dr. A. Mathas—a case of abdominal dropsy, tapped 90 times.

Dr. Love reported a case of menstrual derangement; also a paper on the diagnostic value of the soft palate as compared with the tongue.

Dr. LeHardy—a paper on yellow fever.

Dr. Baird—a paper on moslem therapeutics.

Dr. Gaither—a case of puerperal elampsia.

Dr. A. W. Calhoun—one hundred and five operations for strabismus.

Blood letting—by Dr. Chas. Rauschenburg.

Non-syphilitic corryza—by Dr. Stout.

The true physician—by Dr. T. S. Powell.

Diseases of the uterus—by Dr. Taliaferro.

Sacharated medicines—by Dr. Love.

Corn stalk as material for uterine tents—by Dr. W. T. Goldsmith.

Veratia ointment for neuralgia—by Dr. Stout.

Address by Dr. A. Means on electricity.

On the second day, voluntary papers were called for.

A case of sloughing of the uterus was reported by Dr. Drake.

Obstinate case of hiccough—by Dr. J. B. Roberts.

Gun-shot wound of the spine—by Dr. J. G. Thomas.

Dr. W. R. Burgess, of Macon, orator elect, delivered an interesting address on "Hasty, unwise and unfortunate medical literature."

Dr. H. Smith, of Augusta, read a memorial that had been prepared for presentation to the legislature, petitioning the removal of the special tax on physicians.

The memorial was adopted, and a committee appointed to look after the matter.

Dr. W. Westmoreland made a verbal report on congenital phimosis, in which cases were reported, showing that paralysis of the lower extremities in children not unfrequently results from phimosis.

Dr. C. B. Leitner, of Columbus, presented a paper on tar bandages.

On the third day, a resolution was introduced by Dr. Drake to appoint a committee to report upon the propriety of changing the by-laws so as to dispense with a nominating committee and elect officers by ballot. The resolution elicited a warm discussion, and was ably defended by Drs. J. M. Johnson, H. V. M. Miller, Dr. T. S. Powell and others. Dr. Roach referred to certain action which had transpired in the room of the nominating committee, which smacked of injustice. This elicited an indignant rejoinder from Dr. Baird.

Dr. Roach stated that he intended nothing offensive, he had received his information from Dr. G. S. Crawford, a member of the committee from Fulton.

Dr. Crawford said he would state what did occur and members could form their own conclusions. He had submitted a

proposition to the committee calculated to harmonize the profession in Atlanta, which proposition was rejected, and the nomination was precipitated in a manner that seemed to him very much like "it was cut and dried."

After some further discussion the resolution was carried, and a committee of 7 was appointed by a vote of 56 to 1, showing an overwhelming opposition to the caucus method of nominating. This committee, however, finding that the nominations were open to ratification or rejection by the body, reported against any change of the present method as unnecessary. Under these circumstances, a majority of the nominations made being satisfactory, the report of the committee was accepted.

The committee on nominations then reported the following names for officers for the ensuing year, which was agreed to:

President—John Thad Johnson, Atlanta.

1st Vice President—W. F. Holt, Macon.

3d Vice President—T. H. Kennon, Milledgeville.

Secretary—Joseph B. Baird, Atlanta.

Treasurer—W. R. Burgess, Macon.

Orator—E. H. Richardson, Cedar-town.

Dr. Robert Battey was elected to fill vacancy on board of censors.

The following were appointed to report on sections:

FIRST DISTRICT.

Practice—J. G. Thomas, Wm. Duncan and John D. Martin. Surgery—R. P. Myers, G. A. Stone and J. W. Norton. Gynaecology—J. B. Read, J. C. LeHardy and J. P. S. Houston.

SECOND DISTRICT.

Practice—W. M. Bruce; R. L. Hillmen and W. W. Twitty. Surgery—B. R. Dostor, W. A. Strother and T. S. Hopkins. Gynaecology—W. B. Fackett, E. W. Alfrend and T. A. Chap-pell.

THIRD DISTRICT.

Practice—A. R. Taylor, A. W. Reese and S. B. Hawkins. Surgery—F. M. Jordan, Geo. F. Cooper and A. A. Smith. Gynaecology—F. F. Walker, J. W. Tucker and J. B. Hinkle.

FOURTH DISTRICT.

Practice—A. W. Griggs, D. W. Johnson and P. M. Tidwell. Surgery—G. J. Grimes, W. W. Fitts and John F. Slaughter. Gynaecology—J. W. Griggs, T. A. Sanford and F. L. Wisdom.

FIFTH DISTRICT.

Practice—J. B. Baird, Paul Faver and J. G. Westmoreland. Surgery—A. W. Calhoun, T. L. Lallerstadt and J. A. McKown. Gynaecology—J. P. Logan, K. P. Moore and T. M. Darnell.

SIXTH DISTRICT.

Practice—Wm. F. Holt, Henry Garther and H. V. Johnson. Surgery—J. L. Harris, B. Hendricks and S. L. Richardson. Gynaecology—W. O'Daniel, W. R. Burgess and J. E. Blackshear.

SEVENTH DISTRICT.

Practice—A. L. Fowler, J. B. S. Holmes and E. H. Richardson. Surgery—R. F. Wright, W. S. Hendricks and W. B. Wells. Gynaecology—R. Battey, C. B. Gordon and T. R. Calhoun.

EIGHTH DISTRICT.

Practice—W. H. Doughty, W. W. Battey and W. H. Foster. Surgery—A. S. Campbell, D. Ford and E. A. Dugas. Gynaecology—H. F. Campbell, J. S. Coleman and R. C. Eve.

NINTH DISTRICT.

Practice—W. T. Hollinsworth, I. H. Goss and J. S. Simmons. Surgery—L. G. Hardeman, A. A. Bell and R. M. Smith. Gynaecology—C. W. Long, J. W. Bailey and J. F. Wersen.

Committee on Publications—J. B. Baird, W. R. Burgess, W. A. Love, W. S. Armstrong and V. H. Taliaferro.

Committee on Necrology—R. P. Myers, H. V. Johnson, C. H. Hall, W. A. Love and A. S. Campbell.

A committee consisting of Drs. Talia-

ferro, Battey and Powell was appointed to take the communication of Judge Bigham under consideration in regard to lunatics.

There was some discussion on the State Board of Health. The committee appointed at last meeting to advocate and bring the matter before the State Legislature, was continued, though not without indications of opposition. Dr. Stout taking ground that the people were not ready for the measure, in a speech of considerable force and energy, which was warmly applauded.

A lengthy discussion on the subject of uterine tents was indulged in by Drs. Love, Taliaferro and Powell, after the reading of a paper by Dr. Goldsmith.

A number of admissions to membership were made, and many resignations. Among those were Drs. Geo. M. McDowell, H. Perdue, J. E. Cook, B. F. Chambliss, B. F. Rudisill, T. J. Collier, J. C. Blackburn, Fitzgerald, of Macon, and J. J. Knott, of Atlanta.

The initiation fee was continued at \$5. Regular dues, \$2 per annum for members who attend. Those who do not attend to pay \$1.

During the session a banquet was given to the members by the Atlanta physicians, at which wine and fat things were abundant, and many toasts and happy responses were given.

An invitation was extended by Dr. J. M. Johnson of the city to the members to visit his home, which was accepted, and a fine supper and a good, jovial time enjoyed.

A special invitation was also extended to the society to visit the wholesale drug house of Messrs. Hunt, Rankin & Lamar, at which samples of champagne and other articles in the drug line were tested and examined.

They were also invited to a brilliant reception at the Governor's mansion, and to other places of attraction and interest.

The next meeting of the association will take place in Rome, Georgia, on the third Wednesday in April, 1879.

ABSTRACTS AND GLEANINGS.

EXCESSIVE VENERY.

Prof. Wood in a clinical lecture said: It is difficult to draw the line between proper and excessive sexual relations. What one man can with impunity stand, would entirely break down another's constitution. Excessive venery, though most common among unmarried, is frequently met with in married life. The question will be often put to you by husbands as to how often they should have connection with their wives. With ordinary men, once a week is sufficient. Where, however; both husband and wife are robust, twice a week is not too often. The best rule to adopt in this matter is that the act is performed in excess when its results, exhaustion, etc., make themselves felt. The normal act should leave no trace behind.

The symptoms of excessive venery are those of general debility. In some cases there may be slight spermatorrhœa. There is weakness about the loins, back and lower limbs. In severe cases there is loss of power in the lower limbs, almost amounting to palsy. Excessive venery is probably always attended with some molecular change in the nerve centres. After prolonged abuse, organic changes, such as myelitis, locomotor ataxia, and chronic sclerosis take place. The case which I have taken as a heading for my lecture is a very good example of the more marked symptoms of excessive venery. Although, as I have said, excessive venery is occasionally the cause of organic changes in the cord, yet I am inclined to believe that not infrequently it is a result, rather than a cause, of commencing neural disease. Paraplegia following excessive venery is rare.

In some rare instances the brain is affected, with cerebral softening or epilepsy as a result. In epilepsy from this cause the aura is more distinct and travels

more slowly than in idiopathic epilepsy. So that if the aura begins in the forefinger, for instance; there is time enough usually to grasp the wrist firmly and to prevent the seizure.

TREATMENT OF EXCESSIVE VENERY.

Of course the practice must be stopped. In some cases it becomes necessary to insist that husband and wife sleep in separate beds. All coition must be absolutely forbidden until perfect virility be regained. As regards hygiene, nourishing food, warm clothing and plenty of sunlight and exercise are indispensables. Where the emissions are numerous, the same hygienic measures as in cases of masturbation must be employed. Medicines may be given, first to cure the disease, and second to aid in the moral effort at continency. For the first purpose iron and the bitter tonics are indicated, while to subdue all excitement and local irritability the bromides may be given up to the point of producing bromism. A specific remedy is phosphorus. It may be administered alone or with ergot. The ergot is very plainly indicated where there is numbness or prickling of the limbs. The action of phosphorus in some cases is really wonderful. Do not, however, give phosphoric acid and think that you are giving phosphorus. Where the disease has gone on to organic spinal disease you must treat the symptoms on general principles.

IMPOTENCE.

I want, in conclusion, to say a word to you on this subject. There are two kinds of impotence: 1. That connected with excessive irritability of the organ, and 2. where there is loss of power without irritability. We usually meet with the first form in young men who have been in the habit of masturbating before they were married. In these instances emission occurs before, or just after,

intromission. The proper treatment in such cases is continued doses of the bromides. The patient must be also warned against marital excesses. In the treatment of the second form the following is a good remedy :

R.—Tinct. canthar., gtt.vj.
Tinct. ferri chloridi, gtt.xv-xx.
M. Sig.—Thrice daily, in water.

In impotence with spermatorrhœa the tincture of cantharides acts like a specific. The cantharides should not be given where debility is absent. If further treatment be then required, cold bathing, strychnia and electricity may be employed.

REMARKS ON OBSTETRICAL OPERATIONS.

Prof. Walker, in a paper read before the Medical Society at Evansville, says :

Version has generally been resorted to in vertex cases, when the head was still above the brim and immediate delivery became necessary, from the belief that it was safer for the woman than the forceps, that it could be practiced when an attempt at forceps delivery might fail, and that even to the child the danger from delivery by turning would be no greater than by the forceps when applied above the strait; and finally, because the operation in many instances would be more expeditious. Even after the head has descended into the upper strait, and is still easily pushed up above the brim, turning has sometimes been preferred, especially where the child was dead. Turning, as compared to cephalotomy, has been regarded as safer for the mother, the cephalotomy being a dernier resort, and to be used only when turning is impracticable. In bringing down the feet, securing a single foot has been deemed sufficient, if for no other reason to save the valuable time necessarily consumed in searching for the second foot, and also from the belief that by leaving the second limb folded against the abdomen, some protection is afforded the funis against undue pressure. Ample experience has convinced the writer that

the delivery can be effected as well by securing one foot as two.

In placenta prævia cases, the indication has been supposed to be two-fold: 1, to arrest hemorrhage, that threatens the woman's life; and 2, to save the child's life. To secure these advantages, delivery by turning as soon as it can be done, without using too much violence in the introduction of the hand, is the chief, if not the only resource. Therefore, at the earliest practicable moment, the hand is to be passed through the crevix into the cavity of the uterus, detaching the placenta from its connection as little as possible, and when the membranes are reached, the fingers are to be pushed through, search made for the child's feet, or rather foot, which being brought into the vagina, the child is to be cautiously taken away. The operation need not be delayed on account of the absence of labor pains, nor of the immature state of the gestation. To wait in these cases for the natural process of labor, would result too frequently in the double loss of the mother and child.

As before stated, the forceps have not often been applied above the brim, this mode of using them, indeed, appearing more intended to show what may be done than for any special advantage or indication. After the head has passed the superior strait, as a general rule, the forceps will be the best and safest remedy; and, should the head have been pushed into the excavation by strong pains, and yet its expulsion not promised by the efforts of nature, the forceps would be indicated, and turning should not be thought of. The writer has never applied the instrument to any other part of the child than the head; the barbarous practice of applying them to the pelvis, should the child be delivered alive, might so crush the bones as to endanger permanent danger to the pelvis. The forceps, then, being applied to the head only, should be as nearly as practicable adjusted to its sides. The writer has never met with a case in which application over the face and occiput was

necessary ; when convenient, the blades have been adjusted to the sides of the woman's pelvis, but this has been deemed less important than to permit much obliquity in their application, as regards the child's head. Indeed, in oblique positions of the head, which constitute more than ninety out of one hundred of the cases, it is impossible to apply the instrument squarely to both pelvis and head. When practicable, the forceps have been removed before the escape of the head from the vulva, to avoid laceration ; but this practice is more easily recommended than followed, inasmuch as the moment the head has engaged fairly in the outlet, it will frequently escape through the vulva, even before the operator finds himself able to remove the instrument. Doubtless lacerations are more frequent than they otherwise would be, in consequence of this failure, but in most cases requiring the use of the forceps lacerations would be liable to follow a natural delivery.

Cephalotomy has been recommended by the writer, only in those cases in which neither turning nor forceps could be made available. It is not regarded as a safe operation for the woman, and when a fatal result is avoided she is necessarily exposed to more or less danger of laceration about the crevix and vagina, so that after the bulk of the child's head has been reduced by the evacuation of the brain, the delivery may be completed more safely and more expeditiously by podalic version than by tractions with sharp and powerful instruments. In addition to this, we may urge the risk of bruising and tearing the soft parts by drawing away fragments of the foetal skull, that are almost certain to become loosened during the transit of the head.

When the cephalotribe is required in extreme contraction of the straits, a resort to turning will generally be inadmissible, from the difficulty or impossibility of drawing a full-sized child through the pelvic canal. When, indeed, it is found necessary to use this in-

strument to crush the head, its power will generally be required also to reduce the other bulky parts of the child.

HYDROBROMIC ACID IN CEREBRO-SPINAL MENINGITIS.

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Peninsular Journal of Medicine, Dr. Wade recommends its use in the treatment of fevers, and says "it would seem the acid *par excellence* when there is much cerebral excitement, in pyretic affections."

In cerebro-spinal meningitis, we have a specific contagious virus of a typhous nature attacking with especial virulence the great nerve centres. To treat this successfully requires the highest skill and the greatest promptitude and aptitude in the selection of remedies. Briefly, we may here summarize the most recent conclusions of the ablest men in the professions as to its treatment, as in this we may best shew the place and power of this acid, as an agent in the treatment of this formidable affection.

First: the hyperæmia of the brain and spinal cord should be relieved by the prompt and repeated application of leeches, until the pulse has fallen to below 100 or within a point at which it ceases to be alarming. Second; hot applications (not cold) are to be applied to the head and spine, with mustard pediluvia. Third; the bowels should be unloaded with an active cathartic. Fourth; to relieve the hyperpyrexia (the temperature being sometimes as high as 104° or even 106°) sedative doses of quinine (say 2 to 5 or even 10 grs.) dr. doses of the hydrobromic acid should be administered frequently, and continued until the petechial spots have disappeared from the skin, in doses of course, commensurate only with the hyperpyrexia or excess of heat.

Some prefer a solution of quinine in hydrobromic acid which may be administered in doses of from $\frac{1}{2}$ to 1 drachm of the acid, and 1 to 2 grs. of quinine hourly. The surface of the body should be regularly sponged as in other fevers. It is claimed that this mode of treatment will save over 75 per cent. of such cases, and prevent the distressing sequelæ which sometimes follow, showing defective nerve power. The leeching is indispensable to relieve the violent head symptoms at the outset, and the antipy-

retic properties of the quinine are needful; but without the acid neither of these remedies would prove of more than temporary benefit.

The use of calomel has been much lauded by some, but is rapidly falling into disuse as unnecessary. Opium in moderate doses is of great service in the later stages of the disease and assists materially in promoting convalescence.—*Canada Lancet*.

CHLORIDE OF ZINC IN THE TREATMENT OF ULCERS OF THE LEG.

The numerous methods which have been tried for the treatment of *ulcera cruris*, show plainly how great is the number of those who suffer from this affection, and how these ulcers defy all remedies.

Reverdin conceived the idea of transplantation of the skin, which, however, has not proved valuable in these cases; Fidders would hasten the cure by sprinkling pulverized skin on the granulations, and Macleod obtained only negative results by moistening the ulcers with the lymph from a vesicle produced by vesication. The repeated incision of the ulcer and the cutting out of its base, led likewise to success.

Therefore Dr. Gurb ski in Plock has for the past three years applied a salve made with equal parts of chloride of zinc and meal, with the best results. From the list of caustics he has chosen the chloride of zinc, because its action is limited, and because a layer of paste can be applied just as thick as the part which is to be destroyed. The cicatrices are soft, pliable, and not disposed to break down where there is dilatation of the veins, or to form new ulcers.—Gurb ski gives only two cases, since all had a similar course.

(1) A maiden 23 years old showed at the time of her arrival, April 27th, an ulcer of five years standing, on the under and inner side of the right leg, elliptical in shape, 8 cm. long, and 5 cm. broad. The surface of the sore is smooth, grayish red, surrounded by

thick hard borders. Besides this, there were upon the outer side thirteen ulcers, varying in size from a lentil to a half dollar. A paste 5 mm. thick was placed upon one half of the larger sore, and two grammes of chloral given internally. In order to hasten the removal of the scab, a cataplasm was applied. On the 30th of April, it fell off, and then the other half was covered with zinc paste. On the 7th of May, this scab also fell off.

On the 11th of May, the first half, and on the 21st, the entire ulcer had cicatrized. On the 14th of May the paste was applied to the thirteen smaller sores, so that on June 14th, the patient was discharged, entirely cured. (2) A maiden 20 years old, had on the 15th of April, six ulcers, of two years standing; five were the size of a dollar, and one, of a quarter. Four of them were immediately covered with paste; after five days the scabs fell off, whereupon the two remaining ulcers were put under treatment. On May 28th, all the ulcers were cicatrized.—*Clinic*.

RETAINED PLACENTA IN ABORTION.

Dr. May (in *N. Y. Med. Rec.*), remarks:

Taking for granted that the fœtus has been expelled, and we have to deal with a retained placenta attended with hemorrhage more or less severe, the tampon—made of strips of “old muslin,” eight or ten inches square—is resorted to, the vagina being packed from its vault to the vulvæ, and secured by a T-bandage. This soon absorbs the blood in the vagina, and, if well applied, is an absolute protection against further dangerous bleeding. The further loss of a few ounces of blood in many of these cases might prove dangerous, if not fatal.

In about twelve hours the tampon is removed, and usually the placenta will be found attached to the first cloths inserted. If not, the vagina is syringed with carbolized warm water and the tampon is removed, using, of course, fresh cloths lubricated with olive oil or

castile soap and warm water. After remaining twelve hours longer the cloths are removed, and I have always found the placenta in the upper vagina ready to be brought away with the tampon. I never have found it necessary to repeat the tampon the third time. Its presence softens the os, excites moderate, almost unconscious, uterine contraction, and enables the physician to leave his patient for other duties, confident in the perfect immunity from danger in which he leaves the valuable life entrusted to him.

I may be better understood by reporting in this connection the following typical case which has just occurred in my practice. I treat a goodly number in the same way every year and with equal success.

Mrs. A. B., aged thirty-two, American, in good circumstances, married eight years, has borne four children at full term, and, with this, has suffered four miscarriages. Was called to this lady at 10 A.M., March 24th, ultimo. She informed me that she thought she was nearly four months on in pregnancy. For a week she had daily noticed a slight vaginal discharge of blood. Her children had the whooping-cough, and she had been broken of her rest a great deal in caring for them. She had that morning been about as well as usual attending to household cares, and while standing at a table she felt a sudden escape of blood from the vagina, and went immediately to bed. She fainted quite away before my arrival. I found her pale and prostrate, with feeble, rapid pulse. A large amount of blood saturated the bed. Included in these clots was a small fœtus about three inches in length. The vagina was filled with clots, and blood escaped freely from the uterus. This slight examination induced extreme syncope. I at once “plugged” the vagina, as above detailed. Squibb’s f. ext. of ergot was given, which excited vomiting; but this effort acted favorably by forcing blood to the brain. I remained with my patient three hours, using restoratives vigorously, and striving to relieve the

deadly nausea and depression. Our efforts were successful, and a good degree of reaction secured. At my evening visit I found no hemorrhage had occurred, and the patient so comfortable that it was decided to leave the tampon *in situ* until morning.

At 6:30 A.M., on the 25th, the cloths were, one after another, removed, saturated with dark blood, and the entire placenta was found in the vagina attached to the upper cloths. The uterus was found well contracted and closed. My patient is making a rapid recovery.

Had I at my first visit persisted in getting away the placenta "at all hazards," by the method suggested by Prof. Penrose, I feel almost sure that a valuable mother and lovely woman would have been lost to her young children and numerous friends.

TREPHINING FOR COMPRESSION.

Dr. Rodman (in *Med. Record*), reports the following case:

Berry Henderson, colored, age seventeen, received at 11 P.M., Sept. 24, 1877, a blow on the left side of the head two inches above and slightly in front of the ear, from a comparatively flat smooth stone. He was knocked down, but was able, with assistance, to walk home, a distance of several hundred yards. At 12 midnight Dr. Phythian saw him. He was then beginning to recover from concussion of the brain. There was neither scalp wound nor fracture of the skull; a slight contusion alone indicated the seat of injury. As there were no symptoms of compression, and those of concussion improving, the doctor left without doing anything for him. The next morning, at 9 o'clock, he was found by Dr. P. to have decided convulsive movements of the right side and serious symptoms of compression. These had commenced about 1 o'clock the night before, only a few minutes after the doctor had left. Purgatives, cold to the head, and large doses of the bromide of potassium were ordered. The two latter

were kept up until late in the afternoon. The symptoms continuing to grow worse it was determined to cut down upon the skull and search for a fracture. The scalp being incised and reflected, no fracture could be found. In this dilemma the bromide and cold water were continued with the understanding that if the symptoms were not materially relieved by morning trephining should be resorted to. Morning came and with it an increase in the severity of symptoms. Upon consultation trephining was unanimously advised. The instrument was applied to the skull immediately under the contused scalp, the necessary incision having been made the day before. Upon lifting out the disc of bone, the clot was plainly to be seen between the dura mater (which was uninjured), and the skull. There being some difficulty in removing the clot through the opening already made, another disc was taken out. The clot extended in every direction beyond the edges of the opening. Only about an ounce of it could be removed, but we hoped that this, together with the relief of pressure from the absence of bone, would be sufficient. While the boy's condition was not improved as much as we desired, still there was sufficient abatement of the symptoms to justify the operation and lead us to expect recovery. In a few days he was out of all danger, and in due time fully recovered. He is now engaged in farm work near Frankfort. He suffers no inconvenience from any cause. That he would have died without operative interference is almost as certain as that he recovered with it.

I conclude that a surgeon is perfectly justified in trephining for the relief of compression of the brain from extravasation of blood (with or without accompanying fracture of the skull), provided, 1. That the clot is meningeal; for the necessary diagnostic differences refer to Erichsen, loc. cit. 2. That the clot can, with *some degree* of certainty, be localized. For instance, if a man is struck with a missile, injuring more from its

velocity than *weight*, and extravasation is the result, I think it would be safe to trephine over the injured spot. If a man were to fall from cars in motion, from a horse, out of a window, or over a stairs, where the weight of his body produces the injury to the head—in other words, if the extravasation is possibly the result of counter stroke, and upon examination no decidedly localized point of contact can be found, the propriety of trephining becomes very doubtful. That cases of extravasation uncomplicated by fracture in which an operation is admissible are *very rare* cannot be denied. But that all such cases should be treated on the medicinal or expectant plan I cannot believe.

ARSENIC IN THE TREATMENT OF MALIGNANT TUMORS.

Of all agents recommended in the treatment of cancer, I still believe arsenic to be the most efficient, having administered it internally and applied it locally in desperate cases, and sometimes not without good results. Prof. C. M. Langenbeck related the case of a patient afflicted with a cancer of the uterus of such dimensions as to preclude the possibility of an operation. Arsenic had been recommended the patient who, in the hopes of terminating her existence, took it in rapidly increasing doses; in this she failed, and after a few months L. was enabled to confirm a perfect cure of the disease. I frequently administered the remedy, at first in cases where operations were not practicable, and later after successful operation to prevent relapse, and I believe that occasionally these did not appear in cases where I dreaded their early return. The views entertained to-day concerning the nature of cancer indorse the administration of arsenic in a certain measure on a rational theory. That arsenic taken internally has a certain curative influence on various diseases of the epidermis no one can deny. If we consider cancer as an abnormal proliferation of epithelium principally it is very natural to resort to

arsenic for its cure. The researches of Gaethjens who, after liberal administration of arsenic, noticed an increase in the excretion of nitrogenous substances consequent on disintegration of albumenoids, speak for its use against malignant tumors. We must not expect, however, to accomplish much with the minute doses recommended in the textbooks. If in hopeless cases visible results are to be obtained we must allow the arsenic to combat the disease for life and death. In this way administered I have repeatedly witnessed remarkable effects. A patient presented herself at my clinic with a cancer of the upper jaw with such dimensions that I dared not operate. I ordered arsenic in rapidly increasing doses. A few months later she presented herself again with large cicatrices in the face reporting that a few weeks previous a large portion of the tumor had sloughed away, a rapid closure of the wound following. That the diagnosis was correct was confirmed by the fact that a year later a recurrent cancer supervened in the cicatrix, and extending rapidly soon caused the death of the patient. The results which Billroth and others have obtained from the internal administration and external application of arsenic in malignant multiple lymphoma prove that arsenic is beneficial not only in tumors of epithelial origin; in a number of cases of lympho-sarcoma I have been enabled to establish its efficiency.—Esmarch—*Langenbeck's Archiv.*

CHLORAL BY ENEMA.—Certain experiments with chloral go to show it can be taken up by the absorbents of the lower bowel with nearly the same energy as by the stomach. In a case of puerperal convulsions, a solution of chloral and brom. potas. was injected per rectum, with the result of allaying spasm promptly and decidedly. Thirty grains in two or three ounces of water will commonly suffice for a first injection.—*Proceed. County Kings.*

KOUMISS, GLYCERINE AND CREOSOTE IN CONSUMPTION.

The three agents above named have attracted recent attention in the treatment of consumption. *Koumiss* is said to differ from milk only by the addition of the three products developed by fermentation, to-wit: alcohol, carbonic acid and lactic acid. It is claimed that it improves the appetite, relieves nausea, cough, and night sweats, and increases the weight of the body.

Glycerine has been recommended in doses of 15 to 30 grammes per day as a substitute for cod liver oil, and has been found to build up the system and diminish the excessive sweats and waste of the organism.

Creosote. In a paper translated from the French by R. B. Davy, it is stated that "Creosote differs from koumiss and glycerine in not appearing to affect the healthy organism very perceptibly, while the two others are characterized by the difference in the amount of urea and increase in the weight of the body. Bouchard satisfied himself of this in a healthy adult weighing 65 killogrammes. The condition of the principal functions and amount of urine were noted for 34 consecutive days. During the first 27 days the average amount of products eliminated was determined and during the last 7 was administered morning and evening, creosote 20 centigrammes, (3 grs.) in an alcoholic solution, one part to the thousand. Thus Bouchard saw that the subject had not changed in weight, but he respired a little more slowly and the quantity of uric acid was diminished to about one-third.

"The essential condition to the good administration of creosote is to give it well diluted and perfectly dissolved; for it must not be forgotten that it is an energetic caustic." W.

POLYURIA SUCCESSFULLY TREATED BY ERGOT OF RYE.

The polyuria in a case reported by Dr. Rendy (*France Medicale* Feb. 27, 1878) was accompanied by supraorbital

neuralgia, vertigo with the loss of consciousness, excessive thirst and hunger, with emaciation and loss of strength, although the patient consumed a considerable quantity of food. The urine contained no trace of sugar; the quantity was about ten quarts a day. The urea eliminated by this means in the twenty-four hours amounted to from about 1,250 to 1,400 grains. Before having recourse to ergot of rye, tincture of valerian was first tried for this patient, in the dose first of fifteen minims, and soon afterwards of half a drachm. Under the influence of this treatment, the urine diminished by nearly a quart. Sulphate of atropine, in the dose of one milligramme (0.15 grains) at first, then two, daily, produced a similar improvement; but no advantage was found in persevering in this course, since the appetite diminished with the valerian, and the thirst increased with atropine. Ergot of rye was then tried. The success with this agent was remarkable. In eight days, the urine fell to 1,600 grammes and the urea to 15 grammes in the twenty-four hours; the emaciation was stopped; the strength returned; whilst the thirst and the excessive desire of food also disappeared. Dr. A. Costa (*N. Y. Hospital Gazette*, Feb. 15) reports also a case of diabetes with the excretion of ten pints of urine daily, with sugar or albumen, marked by great emaciation; and states that he treated the patient with fluid extract of ergot, which treatment had been followed by striking success; i. e., complete cure in two cases in private practice. Dr. A. Costa put the patient upon an initial dose of half a drachm of the fluid extract daily, the dose to be increased gradually, first to one drachm, and then to two drachms. There was at once apparent a great reduction in the quantity of urine passed daily. From ten pints, it fell to six pints daily; then to three, where it remained. Even before reaching the present limit, he ordered the dose to be gradually reduced, first to one drachm, and then to half a drachm. Then it was stopped altogether, and

mint-water substituted in its place. For the past two weeks, he had had no ergot, and might be considered permanently cured. The amount of urine daily passed varied between two and three pints.—*Brit. Med. Journ.*, April 13, 1878.

ABSORPTION OF TINCTURE OF IODINE BY THE SKIN.

Dr. L. Menager has experimented upon children with a solution of equal parts of tincture of iodine and glycerin, rubbed into the skin, and has arrived at the following conclusions:

1. Iodine in tincture mixed with glycerin and applied to the external integument is absorbed.

2. This absorbed iodine is invariably found in the secretions and in the urine. (Dr. M. tests for iodine by adding a little starch to the urine in a test-tube and then dropping a few drops of nitrosonitric acid into it. This gives a blue or violet color according to the quantity of starch present.)

3. This application may give rise to certain symptoms, usually a variety of mild temporary albuminuria.

4. Dressings containing tincture of iodine may be employed as a means of introducing this medicine into the system when it cannot be taken by the stomach.

5. It must not be forgotten that when this absorption takes place in patients subject to nervoso-vascular erethism, as in certain cases of phthisis, where these dressings are often practised, they may do more harm than good.—*Med. Times*.

VIBURNUM PRUNIFOLIUM.

The fluid extract of *Viburnum prunifolium* is mostly employed as a prophylactic in threatening abortion, and in cases of habitual abortion, in doses of $\frac{1}{4}$ -1 teaspoonful four times daily. In dysmenorrhœa, accompanied with pain and great loss of blood, it greatly alleviates the symptoms if administered from a few days before, until a few days after menstruation. In cases of spasmodic or neuralgic dysmenorrhœa it should be

combined with sedatives. The fluid extract should be prepared from the bark of the root and the young branches. The ordinary dose is 1-8 to 3-75 grammes ($\frac{1}{4}$ to 1 drachm) every 2 to 6 hours.—*Gynecol. Trans. in Ph. Zeit f. Russel*.

THE LATEST CONCERNING GERMS.

In the Academy of Medicine of Paris they have recently been having a very animated discussion on disarticulation at the hip joint, and on the treatment of wounds in general. Of course fermentation, putridity and germs could not long be the subjects under discussion without eliciting some remarks from M. Pasteur. He arises and astonishes the medical world with the declaration that air kills the germs of septicæmia. For the poisonous principle of pyæmia we must analyze water, and a communication which is forthcoming from him will establish the fact that it is necessary to proscribe it as the most dangerous of poisons for wounds.—*Clinic*.

BORACIC ACID IN SKIN DISEASES.

Having had his attention drawn to this remedy by a recent publication of Nystroin, Dr. Neumann (*Centralblatt f. Chirurgie*) instituted a series of experiments with it. He sometimes employed it alone, at others in conjunction with cloves, in the form of fluids and of ointments. In pityriasis versicolor, and herpes tonsurans he used a spirituous solution of one part to thirty with the addition of a small quantity of oil of cloves; in all varieties of eczema in the form of salve. He considers this agent a valuable addition to our resources and indicates his intention of further investigating its virtues.—*Clinic*.

THE SENSE OF SMELL may, according to Dr. Dupy, of New York, aid in the diagnosis of tubercular meningitis; patients having that disease emit an odor closely resembling wet linen. The odor in tetanus, on the other hand, is that of a wet cloth.—Letter of Dr. P. B. Porter to the *Med. Times*, Nov. 10th.

A REMEDY FOR THE ERUPTION OF POISON OAK, IVY, AND SUMACH.

Dr. S. A. Brown, U. S. N., More Island, California, believes that he has found a specific for the eruption caused by contact with poison oak, sumach, ivy, hualloo, cashew nut, etc. He writes:—"This specific is *bromine*. I have used it with the same unvarying success in at least forty cases. The eruption never extends after the first thorough application, and it promptly begins to diminish. Within twenty-four hours, if the application be persisted in, the patient is entirely cured. There is no pain attending its use, as from that of astringents. Of course, the epidermis peels off as after other treatment.

"I use the bromine dissolved in olive oil, in cosmoline, or in glycerine. The application with glycerine is painful, and, I think, possesses no advantage to compensate for the irritation. The strength of the solution is from ten to twenty drops of bromine to the ounce of oil, used by rubbing gently on the affected part three or four times day, and especially on going to bed at night. You wash off the oil twice a day with castile soap.

"The bromine is so volatile that the solution should be renewed within twenty-four hours of its preparation, as it will get out of a bottle, however well corked. It is best to stand the bottle on its corked end, in the intervals of application.

"I have seen no publication of this treatment, and I, therefore, send you my experience with it, hoping to attract to it some little attention, and do the good which must result from its adoption."—*Med. Record*.

RAPID EXPULSION OF TAPE-WORM.

Dr. Pauline in a communication to the *Alt. Med. Central-Zeitung*. No 21, 1878, narrates a case in which the action of the anthelmintic was remarkably prompt. One of his convict patients having informed him that he was suffering from tape-worm, he immediately

ordered the following: R. Flor. Koussou dr.vj, Kameela dr.iv. Half of this powder was taken immediately in water; this was at eight o'clock in the morning. At nine o'clock he took a dose of Carlsban salts, and one hour later, the remaining half of the powder. No nausea or vomiting was produced. About half after eleven o'clock, free evacuation took place and in the stool was found a coil of several tape-worms. Four heads of the *tænia solium* were delivered in addition to a large number of lengthy segments.—*Clinic*.

HÆMOPTYSIS.

A writer in the *Boston Medical Journal* says: The sovereign remedy against hæmoptysis is ergotin, which, as is well known, excites the vaso-constrictors. A solution in glycerin (1:10) is better than a solution in water, as after long standing it shows but little sediment and no fungi. After the injection the spot injected becomes very sensitive, with some heat, followed by redness, which disappears in eight or ten hours. If the patient is much excited, or has much cough, the author is accustomed to precede the ergotin injection with one of morphia, or to give them both at once, but in different places. In this way, the patient becoming quiet in mind and body, the ergotin has a better chance to act.

INSTANTANEOUS CURE OF HYDROCELE.

Dr. Macario, of Nice, contributes some interesting cases treated by electro puncture. In the first case, two needles were plunged into the tumor, one at the base and the other at the apex. On connecting the needles the pain was such that the patient refused to continue treatment. Nevertheless, the next day the liquid had disappeared and had not returned at the end of nine years. In the next case absorption was even more rapid, a tumor the size of two fists, dating from fifteen months, having vanished in the evening after a single sitting of one minute. Dr. M. has also reported to the institute several other cases

treated, some by electro-puncture, others by simple induced currents, and it is more than fifteen years since he first recommended this method, which has been followed by several others with considerable success. — *Physician and Pharmacist*.

DIARRHOEA IN INFANTS.

Dr. Rene Blanche *Bull. Gen. de Therap.*, 1878, p. 89; from *Jour. de Therap.*) urges that whenever diarrhoea occurs in young infants it should be checked immediately and not allowed to make headway. The medicine he employs is the same in every case, though modified somewhat according to circumstances. In order to prepare for this, diminution of the ordinary diet is directed, and appropriate enemata after each passage, with cataplasms to the abdomen. Then every morning a small teaspoonful of an emulsion made of equal parts ol. ricini and syr. acaciæ is given, and repeated every day for three, four or five days. For infants under six months, scr. j. ol. ricini is enough; from six months to two years, oz. ss. to oz. j. If after a day or two the stools improve, the dose is maintained, but if they are still fetid and glairy, an equal dose may be given in the evening as well as in the morning. When the passages are very frequent, one to three drops of laudanum may be added in the course of twenty-four hours. M. Blanche thinks enemata very important. A large enema of infusion of chamomile may be given at the outset, followed by a smaller one of starch, twenty minutes later. — *Philadelphia Medical Times*.

ARSENIC AND ITS PREPARATIONS IN THE TREATMENT OF SKIN DISEASES.

Molinari, in an article on this subject, (*Gaz. Med. Ital.-Lomb.*, March, 1877; *Jour. des Sci. Med.*, 1878, p. 100), concludes as follows: 1. Arsenical preparations should be administered at first in small doses, which are to be increased gradually, their effect being carefully watched. At the first sign of disturb-

ance, as loss of appetite, pain in stomach, dryness of the mouth, swelling of the eyes or nose, or difficulty in urination, the medicine should be suspended, but renewed again when these disappear. 2. A saline purgative, as sulphate of sodium, should be taken before the beginning of the treatment and at its close. 3. Arsenic should not be given after, but before, meals; it is better tolerated under these circumstances, and is more quickly absorbed. Acids should not be taken by the patient, and alcoholic drinks only rarely. The treatment should last from one month to six weeks. 4. External means, as ointments, etc., should be added to the arsenical treatment. 5. In eczematous affections, where the kidneys are involved, some diuretic, as the acetate of potassium, may be added to the arsenic, but not substituted for it. — *X., in Philadelphia Medical Times*.

BISMUTH IN THE TREATMENT OF PROLAPSE OF THE RECTUM AND HEMORRHOIDS.

A case is reported in *La France Medicale*, No. 86, p. 682, where a considerable protrusion of the rectum was perfectly cured by means of bismuth powder used locally. The physician introduced every day into the bowel, after replacing it, a small spoonful of bismuth (subnitrate?) in a small amount of starch-water. Cure followed in a week. Good results followed similar treatment in cases of prolapse in children, and in hemorrhoids.

FIBROID POLYPUS OF THE VAGINA.

E. Cross, M.D., (*St. Louis Clinical Record*), reports a case of this rare affection that has been mistaken for inverted uterus. The growth was nearly as large as a child's head, and protruded beyond the valva, the pedicle was small, and attached one and a half inches from the ostical to the vaginal wall. Removed by double ligature and excision with perfect success. Dr. C. shows how barren our literature is on such growths, Dr. J. Marion Sims having only seen one case.

PRACTICAL NOTES AND FORMULÆ.

DIARRHŒA.

Dr. W. McWilliams, of Steam Corners, Ohio, says, in the *Ohio Medical Record*, August, 1877:

In the hot season, the common autumnal or summer diarrhœa is one of the most common complaints for which the physician has to prescribe. As most physicians are aware that a vast amount of it is caused and kept in action by an acid state of the stomach and indigestion, and that laxatives and antacids will generally control it, I present the simple and inexpensive form which I have employed for the last five years with entire success. It will sometimes, though rarely, be necessary to employ a little hydrargyrum cum creta or quinine in connection with it:

R.—Pulv. rhei.
Magnesiæ,
Sodii bicarb..... ss grs. xl.
Sacchari alb..... oz. ij.
Ol. anisi..... gtt. xl.
Aqua..... f. dr. viij.
Tinct. opii camph..... f. oz. ss.

Drop the oil of anise on the sugar in a mortar, add the powders, and mix gradually; add the water, pour all into a bottle, and add the paregoric. Shake well before using.

Dose for infant, one-half a teaspoonful; one to two years old, one teaspoonful; two to ten years old, two teaspoonfuls; adults, one to two tablespoonfuls, from three to six hours apart. If it should be necessary to use an astringent, as dry chalk,

R.—Cretæ prep..... oz. j.
Pulv. kino..... dr. j.

M. May be prescribed in doses sufficient to produce the desired effect.

HYPOSULPHITE OF SODA.

A. B. Loving, M. D., writes: I see from a number of your journal that some

M. D. says that the hyposulphite of soda is almost gone out of use by the profession. "Be it far from me." I know of nothing that will relieve what is commonly known as chicken pox as quickly as the following prescription:

R.—Hyposulphite soda..... dr. ii
Glycerine, or simple syrup, aqua, aa..... oz. iiss.

M. Teaspoonful every 2 or 3 hours.
I have given the above prescription with advantage where one crop of boils would come out after another.

QUARTAN INTERMITTENTS.

Dr. Baskerville (Horn Lake, Miss.), writes to *Med. & Surg. Rep.* that he has found the following prescription very efficient in all miasmatic disorders:

R.—Strychniæ sulph..... grs. jss.
Quinæ sulph..... dr. jss.
Ferri sulph. exsiccât..... dr. j.
Acid sulph. aromât..... dr. j.
M. And add—
Acidî arseniosi..... gr. ij.
Podophyllin..... grs. x.
Gelsamin..... grs. xx.

M. Make pills No. xc. Take one pill three times a day after meals.

These he omits on the chill day, and gives six grains of quinine every two hours until three or four doses are taken.

NIGHT SWEATS.

Prof. Bartholow, in Good Samaritan Hospital (reported in 'The Clinic'), recommends for night sweats the following:

R.—Strychniæ sulph..... gr. j.
Atropiæ sulph..... grs. 1-6
Morph. sulph..... grs. vj.
Acid sulphuric dil..... dr. j.
Aquæ distill..... dr. viij.

M. Ten drops night and morning in water.

SALINE APERIENT.

R.—Sodii sulphatis.....	oz. j.
Potassii sulphatis.....	dr. j.
Potassii bicarbonat.....	dr. j.
Lithii carbonat.....	grs. xv.

M. Teaspoonful in a glass of water before breakfast. Used by Prof. Duhring as a cooling aperient in eczema, and especially useful as a laxative in constipated habits attended with acid dyspepsia.

APPROXIMATE MEASUREMENTS.

The following table gives an approximate estimate of the measurements in ordinary use; yet it should be remembered that they are not safe when applied to the more active or potent drugs:

Teaspoonful.....	1 fluid drachm.
Tablespoonful.....	4 do
Wineglassful.....	2 f. oz.
Tumblerful.....	8 do.
Thimbleful.....	$\frac{1}{4}$ drachm.
Handful.....	10 do.

WHOOPIING COUGH.

The following, improvised in the presence of patient, recently relieved a very obstinate case of whooping cough in a teething child. The case yielding all of its violence in three or four days:

R.—Whisky,	
Water.....	aa oz. ij.
Brom. potass.....	grs. xvj.
Tinc. asafoetida.....	dr. j.
Tinc. belladonna.....	gtt. v.

M. Dose, one teaspoonful to a child 8 months old, every 2 to 4 hours. W.

WEATHERLY'S FAMOUS CATARRH CURE.

The above may be prepared as follows:

R.—Loaf sugar.....	2 parts.
Borax	
Common salt each.....	1 part.
Oil of peppermint a few drops.	
Triturate.— <i>New Rem.</i>	

PENTHORUM SEDOIDES

Is a California plant used in diseases of the mucous membranes. In nasal catarrh, in leucorrhœa, gleet, etc. Dose, 15 drops three times per day.

ERGOTIN HYPODERMICALLY.

R.—Ergotin.....	gr. ij.
Spiritus vini rectificat	
Glycerine puræ.....	aa dr. ss.
M. Dose v. minims, equal to gr. 1-6.	

CORROSIVE SUBLIMATE HYPODERMICALLY.

R.—Corrosive sublimate.....	gr. ili.
Morphæ sulphatis.....	gr. iiss.
Aqua distillatæ.....	oz. iij.

M. Fifteen minims—1-32 of a grain, will suffice for a single injection.

ATROPIA HYPODERMICALLY.

The dose of the sulphate of atropia, hypodermically, is suggested in the following methods: gr. $\frac{1}{4}$ to f. dr. i., of which 5 minims, equivalent to 1-48 of a gr.; gr. $\frac{1}{2}$ to f. oz. i., of which 2 $\frac{1}{2}$ minims, or 1-48 of a gr., gr. 1 to f. dr. i., of which 1 minim, equal to 1-60 of a gr. This preparation is rarely used, except in opium poisoning.

NOCTURNAL PAINS.

The nocturnal pains of tertiary syphilis may be relieved by the following:

R.—Sulph. morphæ.	
Sulph strychnia.....	aa gr. ss.
Bromide of calcium.....	dr. j.
Syrup.	
Peppermint water.....	aa oz. iij.

M. One tablespoonful at bedtime, repeated if necessary.—(Dr. Maury, in *Med. and Surg. Rep.*)

PURGATIVE POWDER.

R.—Podophyllin.....	grs. v.
Leptandrin.....	grs. vj.
Hydrarg. cum creta.....	grs. xl.

M. Triturate thoroughly and give two to three grains at a dose. An efficient laxative or purgative, according to the dose used, well suited to hepatic disorders, and admirably adapted to the initial stages of bilious fever, dysentery, etc.

SUBCUTANEOUS MEDICATION.

According to Dunglison, the best menstruum, as a general rule, is distilled water, and great care should be taken that the solution is perfect and free from foreign substances either acid or alkaline; should be fresh when used and filtered.

NEURALGIC REMEDY.

Surgeon General Frances, of the British army, states that many cases of neuralgia which resist quinine and arsenic and seem incurable, only require large doses to effect a cure. In India he has been in the habit of prescribing, with almost unfailing success, ten, twenty and thirty grains of quinine, and when this has failed he has given as much as twenty to thirty minims of Fowler's solution of arsenic successfully. Sometimes the two remedies were combined as follows:

R.—Sulph. quin..... 10 grains.
Fowler's solution..... 15 drops.

Three times per day until the habit is broke, and then continued a few days in reduced doses.

ARSENIC IN MANIA.

An old and somewhat obscure physician of our acquaintance, has acquired some celebrity for curing crazy people, many of whom have been sent to him from a distance. Upon inquiry he informed us that his remedy was arsenic—Fowler's solution in small doses long continued.

CREOSOTE IN ULCERS.

Creosote may be applied with advantage to ulcers of various kinds; but in the scrofulous, aphthous, phagedenic and venereal kinds it has been found most useful.

The following wash is spoken of with great favor as having been used in a case of aphthous ulceration of the mouth:

R.—Creosote..... $\frac{1}{2}$ drachm.
Gum acacia..... 2 $\frac{1}{2}$ ounces.
Mist. camphoræ..... 11 $\frac{1}{2}$ ounces.
M.—Brief.

ANTI INSECTS.

A correspondent of the *Germantown Telegraph* writes: Melon and cucumber bugs like radish leaves better than any other kind. I sow a few radish seeds in each hill and never lose a plant. Earth worms, cut worms, white grubs, and in fact all soft-bodied worms, are easily

driven out by salt sowed broadcast. You can do no harm with ten bushels to the acre, but a half bushel is ample. Dry slaked lime is also effectual.

SCALP WOUNDS.

In two cases recently, we tried, in lieu of sutures, tying strans of the hair so as to bring the lips of the wound on the scalp in opposition. The method was satisfactory. To prevent slipping it may be necessary to tie a series of knots, or to bind the knot with at bread. G.

VALERIANATED SYRUP OF RHUBARB.

R.—Syr. rhel..... 4 ounces.
Tinet. valerian..... 2 "
Oil of sassafras..... 20 drops.
Piperin..... 10 grains
Sub. carb. of soda..... 20 "

M. This remedy has been highly extalled in typhoid fever as a nerve stimulant and to improve the secretions and make uniform the peristaltic motion in flatulent and tympanetic conditions. Dose, one tablespoonful three times per day.

A NEW ADHESIVE PLASTER, especially adapted to the requirements of modern surgery, has been studied out by Dr. H. A. Martin, of Boston. It will be prepared by Messrs. Metcalfe & Co., who will present a specimen of the plaster to any physician who may apply, either personally or by letter. The ingredients of the plaster are the best Para rubber, Burgundy pitch, and balsam of tolu. The cloth undergoes an antiseptic treatment by liq. zinci chloridi before the compound is spread upon it.—*Proceed. County Kings.*

STRYCHNIA.

"The last dose from a bottle containing a mixture of strychnia and bromide of potassium," says the *Detroit Medical Journal*, "poisoned the patient. The bromide had precipitated the strychnia." —*Boston Med. and Sur. Jour.*

EDITORIAL AND MISCELLANEOUS.

☞ All communications relating to the business of *THE RECORD*, for the years 1877 and 1878, must be addressed to DR. R. C. WORD, Managing Editor Southern Medical Record, Atlanta, Ga.

☞ Brief and practical communications are solicited on all subjects pertaining to medicine; also reports on cases in practice.

☞ Send money by check, postal order or registered letter.

☞ Write your name, post-office, county and State plainly.

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Those in arrears for subscription will please remit at once, and oblige,

R. C. WORD,
Managing Editor.

DISAFFECTION IN THE STATE MEDICAL ASSOCIATION OF GEORGIA.

All true men in the Medical Profession cannot but regret the frequent occurrence of divisions and difficulties amongst us. So important is harmony to the progress of medical science that little can be expected while such troubles exist in our ranks. We all admit that it is very desirable to avoid these troubles and to adjust and remove them where they exist. There are occasions when a little oil upon the troubled waters, or silence itself, with a little time, will adjust them; but there are other times when but little can be hoped from this method, and when it would seem to be the duty of every good and true man to enter his protest against the evils which exist, and which if unchecked, may eventuate in the ruin and professional disgrace of all concerned.

At the meeting of the Association, which was recently held in Atlanta, the proceedings of which we publish in the present number of our journal, the manifestations of discontent were unmistakable. These were evinced not so much in the official action of the body as in the quiet interviews and private conversations of its members.

Since the adjournment of the Association, we have received information and letters from different sections of the State expressing objections to its management.

Some of these are from gentlemen of prominence and ability. They claim that there are a large number of the members who are dissatisfied. To show the drift of these objections, we give a few of the points presented. It is claimed that The State Society is a migratory body, and not an association proper, and is mainly kept up by large

initiation fees from local additions gathered at the different points at which it assembles. Many who thus join do not meet the Society again until after the lapse of years, when it returns to their vicinity, and perhaps never at all. In the meanwhile, notwithstanding the liberal initiation fee paid, the members are assessed annually, and duns sent out, accompanied by threats to drop from the roll if not responded to. That a favored few manage it by a caucus method to suit their own interests and views—confering the offices and honors, with but few exceptions—upon their special friends and favorites, rather than in a manner to represent impartially the entire membership.

These, and other similar objections, are urged, all of which might perhaps be remedied could a full meeting and free expression be had; but there is one other point which has been brought to our notice, and has sought expression through our pages, which bears a far more serious aspect, and that is that there are those in the association who have violated the ethics, and that the fact is well known and has been acquiesced in by the official action of the body itself, or at least by those who control it.

This much as journalists, we have deemed it proper to say in justice to the large number of those who make these complaints, and who claim that it is due to truth and to the honor of the medical profession of Georgia that these facts be made known, and, if possible, a remedy be found.

GELATINE COATED PILLS—McKesson & ROBBINS.

These elegant preparations, as prepared by the splendid establishment of McKesson & Robbins, manufacturing chemists, New York, are certainly very acceptable to the profession. We have received a number of beautiful samples of their preparations, and have tested them with much satisfaction. We regard them as eminently reliable and successful business men, and deserving of the confidence of the profession and the public.

STATE MEDICAL SOCIETY OF ARKANSAS.

The above society convened at Fort Smith, on May 1st., being its third annual session.

So much of the space of our present issue is given to our own State Association that we cannot give details of the State Medical Society of Arkansas. The attendance seems to have been reasonably good—with quite an accession of new members. There were interesting discussions, and a number of valuable papers reported. Several members from Hot Springs were expelled. The officers elected for the ensuing year, are:

For President—A. A. Horner, of Phillips county.

For Vice-Presidents—T. W. Hurley, of Benton county; W. H. Hawkins, of Little River county; J. S. Shibley, of Logan county; Isaac Folsom, of Lonoke county.

For Secretary—R. G. Jennings.

For Assistant Secretary—L. P. Gibson.

For Librarian—J. H. Lenow.

Next place of meeting, Little Rock, the first Wednesday in May, 1879.

AMERICAN MEDICAL ASSOCIATION.

The American Medical Association will hold its 29th annual session at Buffalo, N. Y., commencing June 4th next, 11 o'clock a. m.

The State, county and district societies throughout the Union, of legitimate bodies, have the privilege of sending one delegate for every ten of its resident members, and one for every additional fraction of more than half that number.

It is desired that medical societies forward a list of their delegates as soon as possible.

A large attendance is expected, and the meeting will probably be one of unusual interest.

MEDICAL GRADUATES.

The aggregate number of graduates in medicine in the United States, for the year 1878, is 1,728. Of these, there graduated in the Northern schools, 783; Western schools, 656; Southern schools, 284—Augusta, Charleston and New Orleans not included.

POCKET DRUG CASES.

One of the most beautiful pocket drug cases we have ever seen, is that manufactured by Wm. R. Warner & Co., of Philadelphia. It contains ten 2 oz. phials, neatly labeled. A sample has been kindly sent us by the energetic and indefatigable gentlemen of this large and splendid establishment, whose skill, taste and energy is evinced in all the varied departments of their extensive home and foreign business.

S. M. PETTINGILL & CO.'S NEWSPAPER DIRECTORY AND HAND-BOOK OF REFERENCE.

This is a very valuable and useful book. It is neatly gotten up, is complete in its arrangements, and contains information from nearly nine thousand papers and periodicals, so arranged as to be readily found, and so reliable that advertisers may consult it with confidence. This cannot be said of every other directory in print.

PARK, DAVIS & Co., whose advertisement may be seen on first inside page of this Journal, have forwarded us samples of their preparations. Among which are a number of new medicines. They are put up in a very neat and careful manner. This house is certainly managed by very capable and reliable men. To describe the various articles sent us as they evidently merit, would draw too heavily on our space. Hope to bring them before the profession from time to time in communicating the advances in therapeutics. Those who desire to test the new agents should communicate with the Proprietors.

TROMER EXT. OF MALT COMPANY.

The malt preparations of the above reliable company are of unquestioned excellence. The varied combinations of the malt which they prepare are admirable, and are variously combined, so as to meet a great variety of therapeutic indications.

PRACTITIONER'S REFERENCE BOOK.—See advertisement of this valuable work. It contains highly useful and important information for the practitioner. The premium offer which we make will enable those who avail themselves of it to get the work at a very low figure.

RECEIPTED.—Drs. J. A. Ashford, Z. T. Young, E. K. Bozeman, J. L. Hamilton, W. C. Moore, M. V. B. Miller, J. T. Mooty, J. W. Day, R. A. Sells, L. C. Harvey, A. M. Winn, W. J. Sterling, J. W. Fair, 6ms., W. H. Roberts, A. A. Stanley, A. D. Sanders, J. B. Hughes, A. G. Groves, A. C. Simonton, J. D. Moon, R. Inge, L. B. Bouchelle, E. C. Anderson, J. A. McCallum, C. D. Tatman, C. C. Jones, J. W. Strong, J. C. Moody, J. D. Harrell, B. W. Lovett, L. G. Hardeman, J. N. Wardsworth, S. L. Lookwood, B. M. Walker, R. Collins, A. W. Agnew, G. L. Mills, Library Surgeon Gen'l, B. F. Rudisill, W. P. Anderson, William Sellers, B. J. Foster, B. E. Clark, Jno J. Gage, J. R. Phillips, T. B. Swift, O. M. Doyle, J. T. Stoddard, G. L. Sanders 6ms., C. P. Sanders, W. G. Hays, L. W. Coleman, E. H. Wright, T. F. Green, A. J. Ellis, M. Giesy, E. A. Speed, C. W. McDaniel, J. A. Allen, P. S. Anderson, C. G. Nichols, W. H. Wilson, N. Isbit & Nisbit.

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THOMAS S. POWELL, M. D.

W. T. GOLDSMITH, M. D.

R. C. WORD, M. D.

R. C. WORD, M. D., Managing Editor.

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ORIGINAL AND SELECTED.

CYSTIC TUMOR OF THE NECK TREATED WITH ERGOT.

BY B. M. WALKER, M.D., of Va.

On the 10th of February last, I was called to see Mrs. W—— with a tumor upon her neck; and as the enlargement was rapidly increasing, her mental anxiety was considerably exercised. There was no pain, only an uncomfortable feeling, and when I pressed upon the enlargement, she experienced an asthmatic sensation. On examination, I found a cystic tumor, the size of a hen's egg, occupying the front portion of the neck, between the hyoid bone and the sternum, deep in the cellular substance, between the sterno-hyoid and sterno-thyroid muscles. Fluctuation was only moderately perceptible by careful manipulation. There was firm attachment of the

posterior wall of the tumor to the trachea, as evidenced in trying to enucleate it with the fingers, and better still, by its corresponding motions upwards and downwards as the trachea rose or fell. Modern surgeons, than whom none stand higher than Professor Gross, say that excision is the treatment.

I called my patient's attention—and also her husband's—to this method of cure. They seemed willing. But as it was an operation of which they had some fears, they requested me first to write their parents in New York. This I did, and sent a carefully prepared account of it to their family physician there, who agreed that it was a case for the knife. I then suggested a visit to New York for them, but they desired the operation performed here, only making one request—i. e., that I should take two months to use any rational medicinal

treatment to effect a cure. The patient, being a lady twenty-three years of age, feared the scar, I think, as much as she did the operation. I consented to use my skill in this way: began giving her Squibb's fluid extract ergot, 15 gtts. in syrup sarsaparilla three times daily. At first, I determined to try the injection of Bonjean's ergotine, hypodermically, in the manner laid down by Professor Es-march in a paper read before the fourth congress of the German Surgical Society, of Berlin, in which he treats deep-seated astheromatous cysts of the neck, first, with one per cent. sol. carbol. acid, which washed out the cyst; then he used from ten to twenty grammes of Lugol's iodine solution. Had I failed in the treatment above given, I would have given this high authority proper consideration, and then used iodine in stead of ergot—though I must admit that the course is not divested of serious risk, where such violent inflammations are set up adjacent to, and relatively connected with, the most important structures of the economy.

After persistent treatment with ergot for four weeks, occasionally using the external application of tinct. iodine, I could discover scarcely any appreciable change. The family maintained that none was apparent. Early, however, in the fifth week, we marked a decided difference in size, which was soon one-half, and a change in texture also. It had now become quite hard and more sensitive.

In addition to my treatment, I combined the iodide of potash, in 5-grain doses, three times daily, and in ten days the whole structure had disappeared.

In the use of the ergot, I could but observe its wonderful anti-phlogistic properties in controlling fever. My attention was first directed to this in reading a lecture delivered by Professor Jacob, April 15, 1870, at the clinic of the College of Physicians and Surgeons, New York.

My patient suffering at the time of the first administration of the ergot with

periodical fever, I clearly observed the controlling influence it had on the fever, always lowering the temperature and allaying nervous action.

Brown-Sequard maintains that it acts through the nervous system, and especially through the sympathetic upon the unstriated muscular tissue under its control. Thus it produces its effects upon the uterus, bladder, and the muscular coats of the arteries, diminishing the supply, and where there is a foreign element, so to speak. As tumors are not supplied with a *vis a tergo* of circulation, and in some instances draw their nutrition from a very meager source, may we not—reasoning *a priori*—cut off this supply—strangulate, as it were, this abnormal growth, and when we have diminished its nutrition, with evidence of its diminishing proportions, then stimulate the absorbents with that most wonderful of all medicines—iodide of potassium—to remove for us what remains? This seems to me the rational treatment, particularly when the life of the growth approaches the cystic form of disease.

Again, I cannot too strongly suggest the trial to those who have not already done so, of ergot in the treatment of their intermittent and remittent fevers, where we always find more or less nervous disturbance; acting, as it does, through the nervous system, it holds an inhibitory influence over this morbid nervous action.

One or two remarks upon ergotism of the older writers, which I believe to be a phantom of the present day. The lamented Austie long since declared it a bug-bear. I don't believe that the ergotism, as described by older writers, either the spasmodic or gangrenous, pertains to a population like ours. Theirs was a population half-starved compared to ours, where their only food was rye, and the rye was almost exclusively ergot. Then they had nothing to supply their wants, and ergotism was admissible. Not so in a country as varied in its bountiful supplies of meats (flesh of all kinds), breadstuffs too numerous

to mention, with heaven's bountiful supply of fresh milk and butter. Here ergotism will not be feared.

OBSTINATE HEMORRHAGE FROM EXTRACTION OF A TOOTH.

By S. H. ANDERSON, M.D., of Mo.

I wish to state the salient points of a case which lately came under my notice, and which, I candidly confess, gave me no little trouble, taxing my medical lore to the utmost.

May 5th, 1878, I was called to see J. L. H—, native of Alabama, aged about 45 years, farmer by occupation, and residing on a creek-bottom where malaria is rife. Was told by messenger that, himself a farmer, had, five days previously, extracted a molar tooth for Mr. H., and that Mr. H. had been bleeding profusely ever since; that is to say, nearly five days. I should have explained that I was called late Saturday evening. On arriving at the house of Mr. H., a truly pitiable and frightful object met my sight. Mr. H., reclining on a bed which was saturated with blood; the floor around his bed being also covered with blood, spat there by himself, while a large night glass at his bedside was filled with blood, this being the third one, I was told by Mrs. H. I found Mr. H. breathing with difficulty through his nostrils, his mouth being filled with clots of blood.

With my fingers I removed the clots from his mouth, which were putrid, and stank horribly. I found that the blood was oozing from every part of his mouth. On inquiry, I learned that Dr. P—, a young man who had, a few months before, graduated, had been in attendance on Mr. H. I was shown a bottle containing oz. vi. of a fluid which I recognized as a tincture of solution of the perchloride of iron. I was told that the doctor had saturated a quantity of cotton batting with the fluid, with which he

had filled the mouth of his unfortunate patient, and which, with the assistance of bystanders, he had kept in his patient's mouth by main force, until the wretched man in mortal agony, had cried aloud!

The result of this practice was erosion of the entire mucous membrane of the mouth, and consequent hemorrhage over the entire membrane.

The doctor had left his patient, assuring the family that there was no danger whatever; that Mr. H. might thus bleed a week and be the better for his depletion; but to others, after leaving, he reported the case as absolutely hopeless.

By estimate I am satisfied that Mr. H. had lost more than two gallons of blood when first seen by me. I learned, on inquiry, that my patient had nearly bled to death on a former occasion, years ago, and that also one of his brothers came near losing his life from the same cause. Of course I recognized the fact that my patient inherited what is known to authors as the *hemorrhagic diathesis*. Learning that my patient had not slept for several nights, more in consequence, I presume, of fright than any peculiarity of his disease, I prescribed a small dose of morphine, in order to quiet his nervous system and procure sleep. The exhibition of morphine may have been somewhat hazardous in this particular case; yet I deemed it of the first importance for the full treatment of his case, to quiet his overwrought nervous system, by bringing about sleep. I also placed him on the use of ergot in full doses, every three hours. Large blister to nape of his neck and to the temples; synapisms to extremities. As to local treatment, I used different drugs: decoct. kino, tannic and gallic acids, alum solution, acetate lead, etc. I also exhibited, from the first, quinine.

The hemorrhage was promptly checked and remained checked for fourteen hours. I had procured slate and pencil on which my patient could write, and thus make known his wants; but being a very passionate man, had transgressed

my orders and thus brought on a return of the bleeding.

Believing my patient to be laboring under malarious toximias, I had prognosticated a spontaneous cessation of hemorrhage on the *seventh* day, and which had actually occurred.

My patient recovered slowly, having been greatly reduced.

As an after treatment, I put him on the use of iron and quinine, good diet, etc. Hope to hear something from professional brethren as to treatment, pathology, etc., of such cases.

USTILAGO MAIDIS.

By I. J. M. Goss, M.D., of Marietta, Ga.

(From his work on New Medicines.)

Ustilago, or corn-smut, is a fungus growing upon Indian corn; that upon the ear is best. The analysis of this fungus shows it to contain a large per cent. of ergotin, besides some other chemical constituents. The fluid extract and saturated tincture are forms in which I have mostly used the article.

Medical Uses.—Although it contains a large per cent. of ergotin, yet it acts somewhat differently from ergot, but it acts upon the impregnated uterus in a similar manner to ergot, but not so continuously—its action being remittent, like that of natural labor. It was first brought to the notice of physicians by its producing abortion upon cattle fed upon corn containing large quantities of this fungus. I have used it for several years in obstetrical practice, and find its action upon the uterus very positive, and, in most cases, more so than ergot. I had a case, recently, in which the labor was quite tardy, and had lingered until the lady was becoming exhausted, and I gave one-half drachm of the fluid extract, which immediately produced strong, expulsive contractions of the uterus, and terminated the labor in a few minutes, and that without any harm to the mother or child; this is its rec-

ommendation. I have given it frequently, and find that it acts as well, and better than ergot, and, at the same time, it does not produce toxical effects upon either mother or child. But, in many cases, where I had to continue ergot for some time, in cases of inertia of the uterus, I noticed that the infants were born dead, and in several cases, puerperal fever followed the free use of ergot. This result has never followed the use of ustilago in my hands, nor in the hands of others, that I have heard of. It does not produce that constant contraction that ergot produces—so exhausting to the female—but it produces remittent contractions, just like natural labor. These facts I have discovered by the frequent use of this article now for several years; and in cases of hemorrhage, either after labor or in the non-impregnated uterus, I find that ustilago is more active than ergot in arresting the hemorrhage. It so contracts the relaxed surface of the uterus as to close the vessels, and thereby check the flow. In passive hemorrhage, it may be given in small and repeated doses for several days without fear of any toxical effect, but with very passive results. The best preparation of it that I have ever found is a fluid extract prepared by Parke, Davis & Co., Detroit, Michigan.

REVIEW ON THE TREATMENT OF FRACTURE OF THE FEMUR.

By EDWARD BROCK, M.D., Member of the Medical and Chirurgical Faculty of Maryland and Baltimore Medical Association, Etc., Etc.

After long study and observation, I gave in the January number of the *St. Louis Medical and Surgical Journal*, my method of treating fracture of the femur in some cases; and advocated therein the double inclined plane, for reasons for which the reader is referred to the above number of the *Journal*. A marvelous coincidence brought the January number of the *Medical Record* of New York, into my hands, in which I find on the

first page, a lecture on fracture of the shaft of the femur in children, by our distinguished surgeon, Frank H. Hamilton, M.D., with a wood cut illustrating his method, and advocating precisely the reverse of the course that I advocated. My method is intended only for youths and adults. For infants and small children it is not practicable. Dr. Hamilton's article refers to children only, but the fact that his opinion should be so directly reverse to my own, was to me of great interest. I, therefore, eagerly read and studied his article, to find, perhaps, my own mistake, for it is only by interchanging our views, and by giving each other the benefit of our experience, that we learn. It is this desire that induces me to write this paper, and bring before the profession a survey of the subject. In my article, mentioned above I pointed out why the long splints are not well adapted. The reason stated was, that the femur is not a straight bone from its head to the knee joint, and, therefore, the effort to keep it straight by pulling the leg outward, as is done with most of the long splints, more or less deformity must be produced. What is true as to the position of the femur in the adult, holds good in the child. Dr. Hamilton's splints, as Fig. 4 shows, is narrow above, and wider below, so as to pull the legs apart. He applies the same to children under thirteen years of age, and very correctly says: "Fractures in children are often transverse, denticulated, and especially in the very young only partially separated, not at all overlapping or greenstick. The muscles have no power to produce overlapping, and that in view of this fact the treatment should differ." Then he passes in review, different modes of applying splints, and is particularly disgusted with the double inclined plane, charging it with shortening and with other faults. In this category he includes the lateral and coaptative splints, etc.

Dr. Hamilton then proceeds and says: "The straight position with short or coaptative splints, and the single long

splint, with pulleys and weights, or such an apparatus as we have found best for adults, fail again in the case of infants and children." We will grant this.

He then describes his method, as shown in fig. 4. This method speaks for itself, and hardly needs explanation. Instead of one long splint there are two; they are widely separated below, which it is claimed will prevent, in some measure, the soiling of the cloths, by urine and feces. There are short coaptative splints, pads, bandages, etc.; perineal band in most cases are used, and for six year-old children there are, in addition, pulleys and weights. Here we have a most complicated arrangement — the old-fashion long splint, with short coaptative splints combined. The gentleman takes great pains in describing all the details of this dressing; while it is true that upon details will depend the success of the result, particularly so of an apparatus that is to be employed by others than the inventor, as the latter cannot be responsible for his invention, if it is not used correctly, yet these numerous details detract much from its usefulness.

But let us see whether it is actually necessary to encase a child or infant, in an apparatus like that which Dr. Hamilton recommends. I have never found such a confining method necessary, and feel sure this is the case with most surgeons, for these reasons: First, in greenstick fractures, which almost always occur on the inside of the femur, the outer half of the bone acts as a splint; a single coaptative splint and bandage is all that is needed; in such a case a little moving about by the patient can do no harm, while if the long splint be used, the legs drawn outward and kept straight we may do mischief; and this may be serious, which would be avoided if we allow a little more natural movement of the limbs. As we do not generally meet with oblique fracture in children, and generally have no contraction of muscle to overcome, we need no extension by pulleys and weights. If this is so, they are superfluous.

In denticulated fractures, it needs a little more care, but by no means does it need such squeezing and splinting as presented by Dr. Hamilton; at least this is my experience. With all due regard

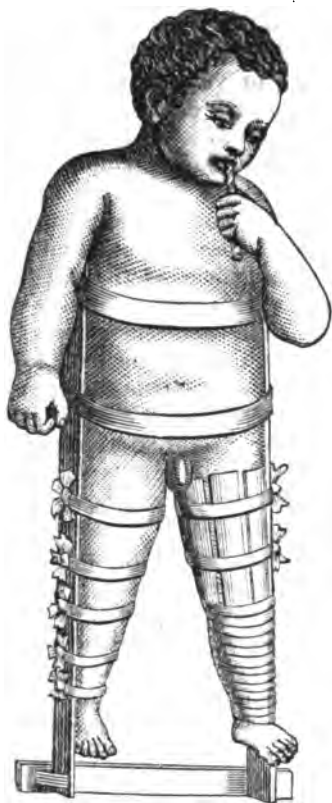


Fig. 4, Illustrative of Dr. F. H. Hamilton's Method.

for the distinguished learning of the New York gentleman, for I do consider him as one of our highest surgeons, I, for one, would not be willing to try this splint in hardly any case, unless I learned from actual observation the good results that are claimed by the author.

The requirements of splints for any fracture, are that while they fulfill their purpose in maintaining the ends of the fractured bone in proper relation to each other, they should also keep the limb in as natural a position as possible. It should be light, easily put on and removed; all complicated apparatus ren-

der the treatment complicated, and as it is admitted by all surgical writers, that we, as a rule, have no shortening in very young children, it matters not whether we employ plaster, leather, starch or the suspension splint. This much is sure: tie a child up, harness it all over, and the more you put on, the harder the child will struggle to get it off, because of the uncomfortableness of the thing. Besides this, such is the nature of a child, that the less you bundle it up and the freer it has the use of its limbs, the sooner it will feel itself reconciled to the necessity of keeping comparatively quiet.

We seldom meet with a fractured femur in an infant. They happen mostly after the child begins to walk, but if we should meet them, they may be treated almost without any apparatus; simply tying the legs together is about all there is required. With children under the age of five or six, I prefer the pasteboard splint, as follows: Take a piece of muslin or paper, fasten around the limb; for the purpose of cutting a pattern, put it

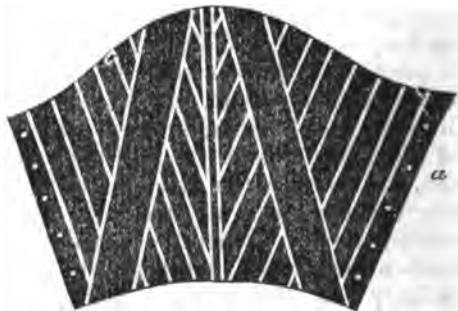


Fig. 5.—Pasteboard Splint.

upon a good piece of pasteboard, and you have it the shape as shown in Fig. 5; reverse it, take a ruler, and cut with a sharp knife $\frac{1}{4}$ of its thickness the lines indicated in Fig. 5. It is for left leg; "a—a" meets at the inside. It may also be formed to meet and open on the outside. Roll it up, and give it good coatings of shellac varnish, wrap up the limb in cotton batting, apply the splint, tie it with two or three ribbons or bandage, or punch holes and lace it; then tie the

limbs together at the knees and the ankle, or bandage the limbs all the way up; put a soft pillow under the knees; then leave the child alone; it can be inspected every day with ease and comfort to the patient.

I had as good a result with this as with any other method. It is advisable to prepare two splints at once, so as to have one ready for change, as we well know that it is almost impossible to keep the bandages entirely clean, even if the child should make its wants known; yet the nurse will have less trouble with this, than with any other method. The nurse can lift the limbs up with one hand, as is generally done, and sponge the parts. With children above the age of six years, when they begin to be more rational, the wire suspension splint can be used; the patient can move about; also keep pretty clean; I have found it so at least. I treated, not long ago, a little idiotic child, five years old, for fracture of the femur, with the wire suspension double inclined splint, and notwithstanding it was naturally very restless, the apparatus was really used as a toy by the child. When the child was ready to walk I put on splint, Fig. 5, which was worn for some time.

To better understand my method, see the wood-cut on the following page, Fig. 6.

The risk of œdema is not greatly to be feared, if this method is employed, as the limbs rest upon a soft pillow, and the foot is not bound down, but can be moved and elevated at intervals. I will also observe, that special apparatuses may be well adapted to special cases, but that no one apparatus is applicable to every case.

There is nothing new under the sun. Petit, Heister, and Duverney recommended long ago the extending means to be applied just above the condyles of the os femoris. See Cooper's Dict., 1830. Let us examine the views and opinions of some of the different authors:

Albucasis: He used long splints, rec-

to be bandaged, and

the hollow places to be padded with soft material.

Paulus Aegineta: Patient to lie upon his back, the leg to be wrapped in a thick garment, and wool on each side to prevent moving the limb; a foot-board well curved to the foot, the whole covered with a skin.

Professor Frank H. Hamilton: In both his works on general surgery and treatise on fractures: Thigh bound to long side splints, but admits that the latter experience has taught him that it is not always well to do so; for children, two long splints. (Fig. 4.)

Samuel D. Gross: Fracture box with splints, straight position.

Physick and Hodge: Long splint.

Sir A. Cooper: Patient lying on his back, limb in bent position, for fracture of neck of femur; sees no reason for not giving it a fair trial in other fractures of that bone; in fractures of condyles, straight position.

Liston: Long splint.

Sir Charles Bell: Double inclined plane.

McIntyre: Semi-flexed position.

John Erichson: An exclusive plan of treatment should not be adopted for all cases; gives four different ways to conduct treatment, namely, flexing, extension, double incline, and starch bandages.

John Ashhurst, jr., has never seen a perfect cure; considers one-half to one inch a satisfactory result; thinks the weight and extension apparatus the most convenient.

Pott: Limb on its side, knee bent.

Billroth: Plaster of Paris splint; says the more practice one has applying them the more rarely will bad results happen.

Ferguson: Straight splint.

Gosselin: Surg. Dis. of youth. Points out that patients cannot lie squarely on their backs; the attempt to do so produces pain; that shortening always exists in adults; employs Scultet apparatus, semi-flexion; also, uses Honnequin's splint; uses extension, and prefers the movable bandages; says that none of the

continuous extension apparatuses have taken rank in the practice.

Sanson: Semi-flexion.

Holmes: Children's fractures heal without any perceptible shortening or deformity; the treatment simply consists in rest on a splint, with knee and hip bent.

Guersant: Simple fractures in children heal without difficulty and deformity; if there is deformity, time modifies

The reader is also referred to Dr. Cowling's paper on fractures, read before the Central Kentucky Medical Association, last July, which contains valuable points.

RESUME.

1. That the long splint has been used since time immemorial; the inclined plane also.

2. That no apparatus is perfect, and

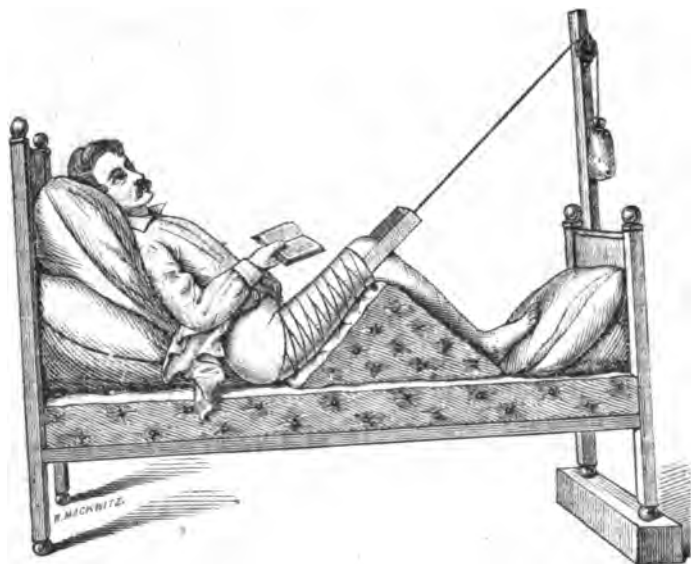


Fig. 6.—Dr. Edward Borek's Method.

it, for men have presented themselves with a proven record that their femur had been broken when a child, and yet, when examined, it could not have been decided, in many cases, that any fracture had existed. Nearly all of those individuals were fit for military duty; employs Dupuytren's method.

G. R. Parkes: Metallic fracture splints; long extension and counter extension by tubes or rods; claims no shortening; the fracture can be examined without interfering with this apparatus. It is a neat contrivance, and appears to be preferable to any of the old style long splints.

Professor C. Heine, Insbruck: Plaster of Paris.

none answers for all cases, but all have their advantages and faults more or less, and each may serve well in special cases.

3. That we will have more or less shortening in adults, no matter what the treatment may have been; shortening rarely happens in children, for the great and wise doctor, Nature, comes in time to our assistance and corrects our shortcomings.

4. That it is not prudent to confine ourselves exclusively to one apparatus, but must admit that the surgeon who has had an extensive practice and experience with a particular apparatus will obtain better results with it than he who applies it only occasionally.—*St. Louis Med. and Surg. Journal.*

PLACENTA PRÆVIA—ITS TREATMENT.

CHAS. F. A. NICHOLL, M.D., St. Helena, Cal.

The abnormal insertion of the placenta, known as placenta-prævia, has, since its recognition, always been regarded as one of the most dangerous complications of child bed; not only on account of the danger arising therefrom to the mother, but also from that to the child. Its importance, therefore, demands that all the light should be thrown upon it that clinical observation and experience may have gathered, and to direct the attention to each method of treatment that has secured the greatest safety to those intrusted to our care. With this aim in view, assured that the readers of your journal are too well acquainted with the etiology, diagnosis and prognosis of the subject under consideration for the writer to allude to them especially, he would submit the result of his observations while engaged in clinical work in Berlin.

The treatment of placenta-prævia depends *primarily* upon whether the hemorrhage occurs during the earlier period of gestation or near the close of the same, and *secondly*, upon the amount.

Hemorrhage occurring during the earlier period of gestation, and moderate in character (the first as a rule being slight), it will suffice to remand the patient to bed, placing her upon cool drinks, light and easily digested food, and securing free evacuation of the bowels by saline cathartics. Should the bleeding be arrested by these measures, the patient may be allowed to leave her bed after a few days, being, however, strictly charged to seek medicinal aid upon the first recurrence of the flow. Cold applications to the abdomen, vaginal injections, and the tampon are counter-indicated as these have a tendency to cause uterine contractions, thereby increasing the difficulty. Should the hemorrhage be ushered in, profuse and dangerous in character, the action of the physician will depend upon the condi-

tion of the cervix. When undilated so as to preclude the possibility of passing at least one finger beyond the os internum, he must have recourse to the tampon, compressing the bleeding surface between it and the ovum. Usually the bleeding will be arrested, but it will be prudent so long as no labor-pains are produced to continue the tampon for 3 or 4 days, changing it every 12 to 24 hours, according to the amount and character of the vaginal secretion. But should the hemorrhage continue, and the cervix be found impassable to one or two fingers, it will be necessary to dilate the same either with the sponge-tent or Barnes' dilators.

For the further operative interference intended by the physician, he must have a clear understanding of the character of the placental insertion, whether the same be *centralis* or *lateralis*, as upon a correct diagnosis, the prognosis of his case will largely depend. This, as at first sight might appear, is not always easy, since blood-coagula may be confounded with placenta.

In *placenta-prævia lateralis*, it will generally be sufficient, after the cervix has been made passable and the *head presenting*, to rupture the membranes. The hemorrhage will, as a rule cease at once, since the placenta can now follow as the uterus retracts over the advancing foetal head, while the latter directly compresses the bleeding surface. This compression can be assisted by steady, firm pressure upon the uterine contents through the abdomen. With the discharge of the amniotic fluid, labor pains are ushered in, which increase in strength and regularity, and labor is completed, as a rule, without further accident. In case, however, the pains cease, and the hemorrhage arises anew, we must at once apply the forceps, providing always that the conditions requisite to their application are fulfilled, otherwise the delivery to be conducted in the manner subsequently considered.

In *placenta-prævia lateralis* should the head not present, version should be

made by the combined (Braxton Hill) method. This method is also to be employed in *placenta-prævia centralis* at whatever period of gestation the hemorrhage should occur, and irrespective of the foetal presentation. As an especial advantage of this method, it must be borne in mind that, by bringing down a foot, the leg will act as a tampon from above downward, and as the cervix dilates we have a handle at our command by which we can at will increase the compressing power, by engaging the hip. Furthermore, by the early execution of the combined inner and outer version, we in a great measure avoid the anæmia as well as the danger from septic poisoning, which, notwithstanding the antiseptic precautions, we are likely to incur with the tampon. Since *placenta prævia* occurs usually in multipara in whom, during the last months of pregnancy, the cervix is passable for two fingers, the version with rupture of the membranes and bringing down a foot will be attended with but comparatively little difficulty. Certainly such a plan of operation is much easier and attended with far less danger than the accouchement force, by which lesions of the cervix occur, giving rise to most uncontrollable hemorrhages in the post-partum periods.

In the execution of the combined version for *placenta-prævia*, it will be necessary to attend to the following preliminary preparations:

a. Since it is important to operate as quickly as possible, it is imperative to entirely neutralize the action of the abdominal muscles. Accordingly, wherever practicable, we should chloroform the patient. This can be done with perfect safety notwithstanding a high grade of anæmia may exist.

b. The patient should be bedded, so as to allow the greatest freedom of action to the operator. Care, however, should be had to maintain the horizontal position so as to guard against anæmia of the brain.

c. To avoid unnecessary delay in finding the feet, the position of the foetus in

utero must have been exactly determined by external palpation, before the operation begins.

The patient being thus prepared, we endeavor to pass the placenta. Unless we can readily feel the marginal border, or determine the smaller lobe of placenta, we proceed at once by a see-saw motion of the fingers to detach the placenta on that side, in which by our external examination we have found the feet to be, and as soon as we have reached the membranes rupture them. The fingers then advance in the direction of the feet, while the presenting part of the foetus is displaced by the external manipulation, but not until the version is completed must we withdraw the hand, and with it bring down the foot. The leg or hip is to be brought down as far as the dilated os int. will permit, with which act the object of the operation, viz.: arrest of the hemorrhage, will have been accomplished. The further expulsion we leave to be accomplished by the labor-pains which incited by the foregoing operation will generally be found efficient. Should the cervix be not sufficiently dilated to permit the passage of, and offer great resistance to, the descent of the larger foetal parts, steady but gentle traction upon the foot sufficient to compress the bleeding surface will answer the purpose, and the anæsthetic is to be discontinued. Care must be exercised in delivering the head, as frequently the os internum is not sufficiently dilated to permit its passage. Undue force to pass the fingers beyond the os internum will result in serious lesion, and must be guarded against. In such cases we must aim to engage the smallest diameter (bitemporal), which we may do by placing the middle finger upon the root of the tongue, the index and ring fingers upon the canine fossa, depressing the chin upon the chest, and by steady but gentle traction, assisted by external pressure, deliver the head. Under no circumstances must premature respiration on part of the foetus lead us to a hasty delivery, as the danger arising therefrom

to the child must give way to the greater, which the mother incurs by so rapid a delivery.

More or less profuse hemorrhage follows the expulsion of the head, even though no lesions of the cervix exist. This is due to the imperfect uterine contractions as they are especially met with in placenta-prævia. The placenta if not readily expelled by the Crede method should at once be separated by the fingers.

But with the expulsion of the fetus and placenta, the danger from hemorrhage to the mother is by no means past. For although by the combined inner and outer version we avoid laceration to the cervix, and the foetal extremities compress the bleeding surface, yet owing to irregular uterine contractions, a large quantity of blood may discharge itself either externally or into the uterine cavity. Should a steady flow of blood exist, when the uterus is well contracted, it undoubtedly proceeds from lesions to the cervix. A recognition of the cause of the hemorrhage is of vital importance. When due to atony of the womb, friction and compression of the same, ergotin subcutaneously; ice-water and styptic injections into its cavity, but especially irrigation with water at a temperature of 122° to 125° F. will succeed in even the most desperate cases to secure contractions. Hemorrhage due to laceration of the cervix will render the foregoing measures futile, and our hope must depend upon direct compression. The syncope can be combatted with stimulants, hypodermic injections of tinct. musk, camphor, but especially by sulph. æther 15 to 20 minims repeated at short intervals.

Finally the after treatment will engage our attention in two directions. First, to secure an energetic involution, and, secondly, to overcome the anæmia. The former will be accomplished by occasional small doses of ergot, astringent vaginal injections, and hip-baths; the latter by horizontal posture with hips elevated, bandaging the lower extremi-

ties so as to force the blood to the heart, and such other measures as experience has sanctioned. However, should our efforts not be crowned with speedy success, the question of transfusion forces itself strongly upon our attention, and we should not defer this operation too long.—*Buffalo Med. Jour.*

SUCCESSFUL TREATMENT OF A CASE OF ANEURISM BY THE USE OF THE ESMARCH BANDAGE.

To the Editor of the Medical Record.

SIR—In July last Mr. R., No. —, Lexington street, Baltimore, called at my office to consult me in relation to a tumor on his right leg. He stated that he had been under treatment for two or three months, and had applied the usual remedies—iodine and other absorbents—but without any perceptible effect. The patient's age was 63; profession, a milliner; temperament lymphatic; nervous system well developed; inspiration and expiration normal; digestive organs in good condition; muscular system relaxed. The only evidence of disease was the tumor, the size of an English walnut, and the shape of an almond, located in the region of the posterior tibial artery, in the lower third. The parts below were œdematous, but whether from the pressure of the tumor on the artery, or the obstruction of the circulation through the artery, I was unable to determine, as the tumor, owing to the thickening of its walls, betrayed no pulsation.

I then explored it with a tenotomy knife, and the resultant intermittent flow and brightly colored blood showed at once that the artery itself was involved, and the tumor necessarily an aneurismal one. Ordinarily the method of procedure would now have been to ligate the artery, but, as I did not like the appearance of the foot, owing to the extent of the effusion, I decided to apply the Esmarch bandage, beginning with the foot and carrying it above the tumor.

I did so, and after the lapse of five or ten minutes removed it and followed it with a roller-bandage, making a compress immediately over the tumor (which under the pressure of the Esmarch, had entirely collapsed and refilled slowly) with tin-foil. In this condition I left it until the following day, when I found that the foot was still cedematous, though to a less degree than before. The symptoms being favorable, and the patient professing much relief from the application, I determined to reapply the Esmarch and continue the same line of treatment.

On my next examination, three days later, I found a further very decided improvement in the patient's condition. The walls of the tumor had become consolidated, and the collateral circulation established. I now felt certain of the wisdom of the treatment, and for a third and last time applied the Esmarch. Re-adjusting the roller-bandage every three or four days, I found, at the end of the second week, that the oedema had entirely passed away, and in five weeks from the date of the first application the patient was able to attend to his business as usual.—*N. Y. Med. Rec.*

THE MEDICAL EXPERT.

Dr. J. W. Conklin publishes a paper on this subject in the *Ohio Medical and Surgical Journal*, in which he claims the importance of such testimony, and explains the disrepute into which it has fallen, by proving that experts are always called to prove the case of those who call them not to discover the truth. He advises the formation of a regular board of medical experts, as is done now in several European countries. Dr. C. proves that a physician cannot be compelled to give his opinion without sufficient remuneration, and cannot be accused of contempt for not doing so. This paper is an able one, and shows that its author has studied his subject very closely.

SOCIETY REPORTS.

ATLANTA MEDICO-CHIRURGICAL ASSOCIATION.

(Reported by Dr. Word.)

MONDAY EVENING, May 20.

Dr. J. J. Knott in the chair.

Dr. A. R. Alley reported a case of jaundice in a lady twenty years of age. On first visit, found patient languid, with slow pulse, pain and tenderness in hypochondriac region, cold, clammy perspiration, etc. Next morning, the yellow tinge of jaundice appeared. The patient had been in trouble a few days previous to attack, which was probably the predisposing cause. Gall-stones passed. The treatment used in this case was a glass of cider with the yolk of an egg and a tablespoonful of brown sugar given every morning for about ten days, under which remedy the patient gradually recovered. The remedy is laxative and alterative, and has a tendency to impart tone to the stomach.

Dr. A. asked the views of members as to the nature of jaundice, its treatment, etc.

Dr. Knott said he thought it probable that jaundice was often caused by neuralgia of the stomach, producing contraction of the biliary ducts by impressing the solar plexus of nerves. He had a patient subject to gastrodynia, who invariably becomes jaundiced after each attack. He had used, with good results, in this disease, the following prescription:

R.—Carbonate ammoniæ.....grs. xc.
Lemon juice.....oz. ij.

Dose—a teaspoonful every two to three hours. It effervesces and forms the citrate of ammonia. It allays nausea, is diuretic, and acts as a gentle aperient.

Dr. Word stated that jaundice resulted from obstruction to the free exit of bile from the liver or gall-bladder into the duodenum, the icteric hue being caused by the retention of the coloring matter

of the bile in the blood. The obstruction might occur in many ways. Engorgement, or congestion of the liver interfering with free secretion and elimination, inspissated bile not flowing freely through the ducts, duodenitis, congestion or thickening of the mucous membrane of the duodenum, constipation or a loaded condition of the colon making pressure upon the liver, interfering with the portal circulation, or otherwise impeding the function of the liver; biliary calculi accumulating in the gall-bladder, or lodging in the gall-duct. Mental emotion, by impressing the nerves or unfavorably affecting the process of digestion, might produce the disease; but in the case of Dr. Alley, it would seem plain that the obstruction was mechanical—caused by gall-stones. The severe spasmodic pain, which was caused by the passage of gall-stones, very much resembles what is somewhat vaguely termed, in the books, gastralgia, gastrodynia, or neuralgia of the stomach.

Relief soon follows after a gall-stone has passed, though it may be sometime before the yellow tinge of the eye and skin disappears. If, however, the gall-stones accumulate and cannot be discharged, there will be repeated paroxysms of intolerable pain, attended with rigors, profuse sweats, hiccup, coma, and death.

Dr. Word thought the rational treatment of jaundice is, first, the administration of an emetic, followed by a bilious cathartic, as best calculated to remove obstructions from whatever cause, and prepare the system for the use of acids, diuretics, etc.

He mentioned a remedy which had recently been very highly extolled, in jaundice, said by the eclectics to be a specific—the *Chionanthus Virginica* (Grandsir Graybeard)—a species of ash which grows in our swamps. An infusion of the root is preferred. He had not tried this remedy.

Dr. Knott differed with Dr. Word. Mechanical causes of obstruction were difficult to detect, but thought that the

passage of a gall-stone need not be mistaken for neuralgia. There is a well defined tenderness from stone, and the pain is more circumscribed than in neuralgia. He mentioned a fatal case of jaundice in his experience, attended with excruciating pain in the right side, to relieve which, morphia, hypodermically, was used. Opium was found necessary to keep down pain. The jaundice was not general, but appeared in spots. Patient directed to keep under the influence of opium, as the recurrence of the excruciating attacks of pain might cause rupture of the gall-bladder, which, he believes, did finally occur, the friends of the patient having, contrary to his advice, left off the opiates, as a result of which the paroxysm of pain returned, tympanitic distension and tenderness of abdomen followed, indicating rupture, and peritonitis, from which the patient died.

MONDAY EVENING, June 3.

Dr. J. J. Knott reported a case of paralysis of lower extremities, in a child two years old, from reflex action, caused by extreme thickening of the mucous membrane of the prepuce. He did not believe that adhesion of the prepuce to the glans was necessarily the cause of the paralysis in such cases. In this case, the irritation seemed to proceed from the mucous membrane of the prepuce, which was not adherent to the glans, and admitted of a considerable degree of retraction. The case was relieved by circumcision.

Dr. Olmstead thought that the condition of this case, as described by Dr. Knott, was sufficient to account for the paralysis, as cases occurred in the female from simple enlargement of the clitoris.

Dr. H. B. Lee reported a case of stranguy in a negro man forty years of age. The meatus was very much contracted, and there was great tenderness over the lumbar region, and great nervous sensibility. The case was relieved by an operation for stricture of the meatus.

Dr. J. C. Olmstead, having seen the

case with Dr. Lee, confirmed the facts as mentioned, and stated that the meatus was contracted to a remarkable small size.

Dr. J. J. Knott remarked that authors had said very little on this subject, and but little was known, except what was gathered from specialists. He thought that elongation of the prepuce was, in many cases, the cause of this condition. Had treated a case in a young man who had to be first circumcised, and then the meatus enlarged by incision.

Dr. Olmstead stated that a monogram upon the subject of anterior contraction of the meatus had been published by Dr. Otis, of New York.

MATERNAL IMPRESSIONS.

"Mrs. H., mother of several healthy children, was severely shocked during the pregnancy referred to in this report by a sad accident to her husband, and which afterward proved fatal.

"To make the case more intelligible, I will first relate the accident referred to. Mr. H., a pump-maker, was engaged in a well, at the depth of thirty-five feet, staying a pump, when the stone walls suddenly gave way. The stones forming a partial arch over his head prevented his being instantly crushed. After sixteen hours of anxious, weary labor—his voice, faint and indistinct, being audible all the time—he was found still living, with his arms and legs clasped around the pump-log; a position into which he sprang, as he afterward stated, when he felt the stones moving. When taken out, cold and numb, his feet were turned inward, as in the act of climbing. Two stones had pressed upon him: one, upon the head, left a contusion; the other, upon the lumbar region of the spine, produced a slough. He lived only five days after the accident. During this time he was very restless, but much relieved when some person leaned over him so that he could clasp his hands around them. Mrs. H., six months advanced in pregnancy, was

present at the rescue, and nursed her husband almost without intermission up to the time of his death. Three months afterward she gave birth to a deformed infant, the abnormalities of which bore a striking resemblance to the condition and marks on the father produced by the accident in the well. Its feet were turned inward, with double talipes varus. On the side of the head was an ecchymosis, and in the lumbar region of the spine a wound differing from an ordinary spina bifida, in there being no abnormal fluid in the subarachnoid space, and besides the spinal processes and laminae of the part, all the structures external to the membranes of the cord were deficient. The cord, of normal size, was visible through the membranes. The wounds on the head and spine corresponded to those referred to on the father; more especially the latter, as a slough when removed leaves exposed the normal structures underneath. The child lived five days, the same length of time as the father lived after the accident. Another and the most remarkable coincidence was that the child resembled the father in not resting only when some one held its hands firmly grasped. The latter circumstance I could not believe until I saw unmistakable evidence of it. As I entered the room one day, the child was sleeping quietly, the nurse holding its hands inclosed in her own. She mentioned to me the peculiarity, and as I expressed myself as being doubtful of the fact, she quietly and gently relaxed her hold. No sooner done than the child screamed as if in great distress, and as soon as she seized them again it became calm and quiet, and remained so while the hands were held."—*Dr. MacKay, in Canada Lancet.*

IODOFORM IN DYSENTERY.

A writer in *Med. Brief* says that iodoform is an efficient remedy in chronic dysentery. It is also strongly recommended as a remedy for typhoid fever. Dose, 1 gr. three times per day in pill.

ABSTRACTS AND GLEANINGS.

TREATMENT OF PILES.

This must be considered under two heads: first, remove predisposing cause; second, remove the disease.

1. If the cause that produces the hemorrhoids is found, it should be removed. Persons whose habits of life predispose them to piles should be instructed to keep their bowels regular by a judicious regulation of the diet. When medicines are needed, I am in the habit of prescribing a pill composed of one-fourth grain each of aloes, podophyllin, and extract of belladonna, and one-twentieth grain of strychnine—one pill to be taken at night when needed. The use of tannin suppositories is also beneficial in the earlier stages, when only a slight enlargement of the veins exists. In some cases, by this means, contraction of the blood-vessels, and radical cure for a time, have been brought about. If, however, the piles are well formed when we are called upon to treat them, only one means of cure exists, namely, surgical interference. Salves, lotions, etc., give but temporary relief; we should urge our patient to submit to some surgical operation.

2. Removal of piles is accomplished in various ways. External piles can be simply snipped off with the scissors, as hemorrhage need not be feared. Internal piles can be cauterized by applying fuming nitric acid and returning them into the bowel; a slough forms, which is cast off in a few days.

Lately, a plan has received very favorable attention and extensive trial: it is to inject into the piles carbolic acid, diluted more or less (generally, one part of acid to three of glycerine). The piles are each injected with three to ten drops of the acid and returned into the bowel; sloughing takes place in a few days, a cure being effected by destruction of the vessels.

These different procedures can be

borne without the use of chloroform, and where the disease is not too far advanced will be sufficient to effect a cure. In chronic cases, and those where prolapsus exists, other means must be employed—ligation and the actual cautery are here indicated. Mode of procedure: The bowels should be emptied by a cathartic and washed out thoroughly with a syringe; the patient should be put under the influence of an anæsthetic, as the pain and resulting contraction of the sphincter interfere with the operation; the piles should be pulled down; in a woman, this is easy by putting a finger in the vagina, but in a man, considerable difficulty is sometimes experienced. I saw, in a German work, a plan recommended that seemed very good: it is to introduce into the rectum a good-sized sponge, to which a string is attached; the sponge can be introduced by pressing it together; it expands when in the rectum, and, by drawing on the string, the piles are pulled out before the sponge; when the piles are all out, the small ones are ligated simply, silk, cat-gut or rubber being used. The ligature must be drawn tight, so that the vessels are entirely closed. The larger flat or oblong piles should be transfixed by a threaded needle and tied on each side; sometimes the mucous membrane around the base of the pile is cut through to the submucous tissue to prevent the ligature from slipping. The ligatures are cut short, and the whole mass of piles returned to the bowel; the ligated parts slough off, and a permanent cure is generally effected in a week or ten days.

The relaxation of the sphincter ani, spoken of before, is one of the greatest difficulties to overcome, even if the piles are obliterated. Probably the most success can be effected by the plan lately proposed by Voillemer. By the actual or galvano-cautery, linear cauterizations

are produced in two, three or four places, the resulting cicatrix producing such a contraction that prolapsus does not take place any more.—DR. CARSTENS, in *De-troit Lancet*.

THE STRONG ELASTIC BANDAGE.

The treatment of varicose and other chronic ulcers of the leg is so generally unsatisfactory, that any new method promising favorable results is to be hailed with delight.

The latest novelty is the use of the strong elastic bandage, with which Dr. Henry Martin claims to have cured over six hundred cases without a single failure. The bandage is of "pure rubber," ten and a half feet long, three inches wide, and thickness of No. 21 "Stubs' wire guage." The length and breadth may vary with the size of the limb, but this is the most desirable thickness. It is applied by winding one turn just above the malleoli, then one around the instep and sole, then spirally up the leg to the knee, where it is fastened by tapes attached to the end of the bandage for that purpose. If it is desirable to apply it as far as the groin, a bandage eighteen to twenty feet long will be necessary: At night the bandage is removed and the ulcer protected by a piece of oiled linen, or some equally simple dressing. In the morning all traces of oil or cerates must be carefully removed, as fatty matters tend to injure the rubber, and the bandage should be reapplied before leaving the bed. It should be applied with just sufficient snugness to prevent it slipping down, and the increase of blood in the veins on standing will cause it to become of the exact degree of tightness. The bandage keeps the leg warm, moist and air-tight, conditions most favorable to granulation and cicatrization, and in addition the gentle, even pressure so supports the distended and weakened vascular coats as to prevent that venous congestion so frequently the cause of the malnutrition of skin. For the first one or two weeks a papular eruption appears under the bandage caused by obstruction

to the cutaneous follicles. The bandage is their best treatment. In non-specific ulcers no other local treatment is necessary. The circulation of the limb is not stopped, but, owing to the support given to the vessels, is facilitated; thus there need be no fear of causing œdema of the foot—on the contrary, the œdema which so constantly accompanies varicose ulcers is rapidly absorbed. The occurrence of œdema indicates the improper application of the bandage.

The use of this apparatus is not confined to the treatment of ulcers; injuries and diseases of the joints, especially of the knee and ankle, are equally benefited. In sprains, the strong elastic bandage wound around a joint affords a constantly present substitute, externally, for the disabled ligament. The constant pressure induces a rapid absorption of the exudation among the tissues about the seat of injury, and the gentle, equable warmth and moisture, which always accompany its application, have a most favorable effect in alleviating and preventing inflammation. In diseases of the joints marked by effusion, the application of the bandage after aspiration, has been followed by complete success. In these cases the bandage should be applied day and night for six to eight weeks. Its use is also recommended in disease of *bursæ mucosæ*, œdema, erysipelas, and erythema, cutaneous affections, and as a radical cure for varicose veins; in the latter case it is supposed to act by causing adhesion of the walls of the vessels, and their consequent obliteration. *Med. Record*.

HOW TO DEPRIVE IODINE OF ITS STAIN.

(*Ex. Am. Jl. Med. Sciences*.) Add a few drops of carbolic acid to the tincture, and it will not stain; moreover, the tincture is more efficacious, and its action is more certain. M. Boggs recommends the following formula for use in injections: alcoholic tincture of iodine, three grammes; carbolic acid, six drops; glycerine, thirty grammes; distilled water, 150 grammes.

CHLORATE OF POTASH IN DIARRHOEA.

In the diarrhoea occurring most frequently in nervous and cachectic individuals, which consists of abundant and frequent serous discharges, which proves so obstinate to the usual treatment by astringents and narcotics; which is accompanied neither by increased pain on pressure over the lower part of the abdomen, nor by a coated tongue, and which, on post-mortem section, shows, as its single anatomical change, a slight redness of the intestinal mucosa, an Italian physician has found the chlorate of potash to be a valuable remedy. He calls it by this name because of his belief that its cause is a paralysis of the vasomotor nerves of the intestinal mucous membrane, which may in turn have its cause in insufficient nervous activity, due to disease of the affected nerve centers, or in a sympathy of the entire nervous system with the general cachexia. He thinks its essential nervous origin has been already demonstrated by the physiological observation, that after the removal of the cerebellum of animals, diarrhoea always supervenes.

This diarrhoea, according to the author of the paper, is the most frequent cause of death in Italian insane asylums; and it was only in those cases that had not yet reached a high grade of cachexia, that he was successful in averting a fatal termination by tonic and nourishing treatment. In most cases, treatment by the usual method was futile.

Having observed from the investigations of Sasse, that chlorate of potash seemed to increase the contractility of the muscular fibers in the vessel walls, he determined to test the agent in this disease. The result of his observations, although still requiring more extended tests, lead him to the following conclusions:

1. Chlorate of potash undoubtedly has a favorable effect upon vaso-paralytic diarrhoea. The result is often manifest as early as the first day of its administration.

2. To check the diarrhoea completely,

2

it is usually necessary to continue it for several days, and to increase the dose according to the severity of the case.

3. If no improvement of the general bodily condition takes place during the time it is being given, the stoppage of the remedy is followed by a cessation of its favorable local effect. Its re-administration, however, again produces the usual good results.

4. In the severer cachexiæ, accompanied by great nervous depression, the action of this agent is slower; the diarrhoea is lessened, but not completely checked, and returns quite readily. In such cases we must resort to greatly increased doses. We must here recollect that the vaso-motor paralysis is of a high grade, or that organic changes (fatty or amyloid degeneration) have already taken place in the vessel walls, or changes in the mucous membrane (extravasations, ulcerations, etc.), which require an energetic and long-continued action of the agent to bring about a return to the normal condition.

5. This remedy is of little or no utility if diarrhoea be caused by active disease of the intestinal mucosa, (catarrhal enteritis, etc.)

6. It is also of service in senile diarrhoea, in that which precedes attacks of cholera, and in certain serous diarrhoea of warm climates. (One case of chronic diarrhoea contracted during a prolonged residence in Sicily, was cured by this plan).

7. The dose varies from 2 to 10 grammes (30-150 grains) per day, according to the severity of the illness.

ESMARCH ON CANCER.

In a recent lecture on cancer, Professor Esmarch said that he had frequently seen cancer originate upon a syphilitic basis, and often where the syphilis had been latent for a long period. He advised that cancers and malignant growths, wherever occurring, should be treated by arsenic and iodide of potassium internally and externally before proceeding to an operation.—*Maryland Med. Jour.*

KOUMISS.

As koumiss will not bear transportation to any considerable distance, it is desirable that the mode of preparing it should be generally known. I have therefore requested Mr. George I. McKelway, of Philadelphia, who has supplied me with all the koumiss my patients have used, to give the formula for its preparation. He writes as follows: "The manufacture of koumiss is a very easy and simple process. I take—

B.—Best unskimmed milk..... qt. j.
Yeast (brewers' or old bakers')..... grs. o.
Cane sugar..... grs. oo.

"Keep the mixture at a temperature of 80° Fahr. until fermentation is quite brisk, stirring it frequently, and then bottle, carefully securing the corks with strong twine or wire. After twenty-four hours it is fit for use.

"The object of the addition of the cane sugar is the induction of alcoholic fermentation. If the sugar be left out the result is likely to be that lactic fermentation only is set up, and the product is sour milk. The quantity of sugar used has, of course, to be judged by the richness of the milk and its consequent richness in fermentable constituents."

The koumiss thus prepared by Mr. McKelway has proved entirely satisfactory. It is a very agreeable drink, having a slightly acid taste, and containing from three to four per cent. of alcohol, one to two per cent. of lactic acid, and is highly charged with carbonic acid gas. It contains the ordinary ingredients of milk, with the exception of the lactose (sugar of milk), most of which is converted into alcohol, lactic and carbonic acids. Koumiss is acid to litmus paper, both before and after being freed from carbonic acid. Its specific gravity is rather less than that of the milk from which it has been made (1.040 instead of 1.043). As it is important to retain its effervescing character, it should always be drawn by means of "champagne tap." It should be used within a few days of its preparation, since after two or three days the alcohol and lactic and carbonic

acids increase so as to make it less agreeable and less well adapted to most cases. It should be kept on ice, or in a very cool place, as warmth soon causes the caseine to separate into a thick, heavy curd.

Koumiss may be said, then, to fairly represent the nutritive properties of good milk, while possessing, in addition, a mildly stimulating character. The carbonic acid gas with which it is highly charged, acts also as a sedative to the gastric mucous membrane, and thus renders it well adapted to cases where there is much irritability of stomach.—*Prof. Pepper, in Med. and Surg. Rep.*

PULSATILLA IN DYSMENORRHOEA.

A. B., 17 years old, came under our care November 24, 1876, for acne simplex of four years' standing. For several years has had disturbed menstruation, the periods not being equidistant and always preceded by severe pain, and often by hysterical attacks with slight convulsions. She has also profuse leucorrhœa continuing through the month. Treatment appropriate to her acne, together with tonics, was instituted.

Dec. 26.—Ordered tinct. of pulsatilla, two drops in water, an hour before meals. To commence its use three days before she expected her menses, and to discontinue it when any appeared.

Jan. 5.—Has menstruated since last visit, absolutely without pain or inconvenience. Continued pulsatilla twice daily.

Jan. 12.—Her leucorrhœa less troublesome. Continue pulsatilla once a day.

Jan. 25.—Has again menstruated without pain, but flowed for two days only.

April 28.—No dysmenorrhœa since last date. Have not seen her since. As the special treatment for her acne has no bearing upon the point under consideration, it is unnecessary to detail it.

DYSMENORRHOEA COMPLICATING ECZEMA.

C. D., 28 years old, married, came un-

der my care March 12, 1877. Her eczema was of the dry, papular variety, situated chiefly about the mouth. For several years has suffered intensely at her monthly periods, the flow being scanty and not lasting more than twenty-four hours. Leucorrhœa moderate. Treatment ordered for the eczema only.

March 30.—Continued local and internal treatment for the eczema, and ordered her to take two drops of tinct. pulsatill. nuttal. for two days preceding her periods.

May 8.—Returned to-day and says that she took the pulsatilla as ordered, and that she did not suffer at all at her next period. After that she lost her medicine and did not take any before her last menstruation, which was last week. On this occasion she had a little but not much pain. She was re-supplied with the medicine. — *Dr. Piffard, in Med. Rec.*

PROPHYLAXIS OF SCARLATINA.

Dr. S. H. Harmon accepts the germ theory as applied to all contagious diseases, and reasoning from that basis, that as we have specifics for many animal and vegetable parasites, there may be one for the peculiar germ causing scarlatina, he determined to try hyposulphite of soda, giving it to all the children of any family where the disease had appeared. He sums up the results as follows: In eight families he had forty-three children, of whom twenty-six contracted the disease, or sixty per cent. In every family the first was the only severe case, and almost always the last to get well: he did not have a single death. The dose of the hyposulphite was three-fourths of a grain of a grain of syrup for every year of age. This remedy is certainly worthy of a fair trial.

ACTION OF ERGOT ON THE UTERUS.

Dr. C. C. McDowell, in Baltimore Medical Society, related a case of a woman who had never borne a child, to whom ergot had been given for the relief of hemorrhage. The administration of the drug was followed by violent expul-

sive pains. He related the case to sustain the opinion that ergot has an influence upon the unimpregnated uterus, and over that which never has been pregnant.

ALUM IN AURAL DISCHARGES.

Dr. Chisolm, in North Carolina *Med. Journal*, says:

By means of alum, I have cured discharges of fifty years' standing in one week, and I now find very few aural discharges, however chronic, that withstands its proper application. The method employed in using it is first to thoroughly cleanse the ear, then wipe dry the passage by means of a loose cotton swab made at the end of a match or special applicator; after which, puff into the ear powdered alum, filling the drum-cavity with it. The very first application will often indicate a diminished discharge at the end of twenty-four hours. The ear is then washed out and the alum-powder again applied. This treatment is renewed once a day until the discharge is so reduced that the powder blown into the ear continues dry upon its exposed external surface. If it has crusted in the ear, it may be left for days as a hard mass, giving no pain and causing no annoyance. If, after a week or ten days' interval, the ear has seemingly stopped discharging, the alum-powder remaining dry, although in a cake, it may be syringed out, as if it were a foreign body. It usually leaves a healthy mucous membrane behind it.

Since powdered alum is so constantly and successfully used by me in aural discharges, I find it convenient to apply it through a puff-bottle, which expedites much the insufflation, and is far preferable to a quill or pipe-stem. In damp weather, I was formerly annoyed by the caking and lumping of the alum in the bottle, which necessitated frequent drying and repulverization. I now add to it, at the suggestion of my assistant, Dr. W. A. McDowell, a small quantity of lycopodium powder, which, when thoroughly triturated with the alum, makes

it more volatile, and not at all disposed to lump. Ten grains of lycopodium to the drachm of alum are ample.

In my own practice, I have ceased to consider chronic aural discharges an obstinate disease; for, under the thorough cleansing and the insufflation with alum, I find they yield more kindly to treatment than any other affection that has been of long continuance. One advantage of no small merit in the alum treatment is that it is incapable of abuse. An excessive application can do no harm.

A STRANGE CASE.

'Tis an old saying that "truth is stranger than fiction;" and certainly the case I am about to relate is the strongest evidence of its truth. The case in question has reference to the little daughter of Mr. Samuel B., who resides in North East, Simpson county, Kentucky. As far as I know, both parents of the child are healthy, there being nothing in either to indicate the hereditary transmission of the disease. In March, 1877, she reached her fourth year, and at that time had attained the unprecedented weight, for that age, of one hundred pounds. She measures eighteen inches across the chest, and nearly five feet in height. Her mammæ were as fully developed as they are at puberty, and she menstruated regularly. Up to February, 1876, though, as shown above, she was remarkably developed, she had given no indication of the following strange phenomena. At that time her person became suddenly warmer than normal, and hair, soft and downy in color, like that of her head, commenced growing all over her body. In a short time it had completely covered her body with the exception of her face, palms of her hands and soles of her feet, and the skin was entirely hid from view. From the entire surface of her body there is a constant and profuse perspiration, of a very offensive odor, which is easily distinguishable at some distance from her. So profuse is it that in half an hour after being cleanly washed and dressed, her person

and clothing will become saturated as thoroughly as if a bucket of water had been thrown over her. The perspiration is characteristic, being of a dark, yellow color, and of greater specific gravity than usual. Her voice is coarse like a man's, and sounds as though she was speaking in a barrel. Her strength is equal to that of a full grown man. Her intellect is much beyond her years. Her form is perfect. These things altogether go to make up the most wonderful case I ever heard or read of, and I think will be read with interest by every one. I will not attempt to account for its causation, but leave to the medical philosophers to solve the problem.—DR. ROBB, in *Nashville Jour. of Medicine and Surgery*.

CARBUNCLE.

Dr. Crosthwaite (in *Med. Rep.*) relates three severe cases of carbuncle, treated with poultices and carbolic acid, as follows:

J. B. appeared at my office with a carbuncle on the dorsum of a middle finger, first phalanx. It was as large as could grow on the place, and so painful that he had not slept for several nights. He was forty-five years old, of good constitution, and fair health. I painted the surface of the sore freely with concentrated carbolic acid. Upon inquiring if the application gave him pain, he said no; that it felt better than it had felt for a week. Ordered poultices constantly, the caustic to be repeated on each change of poultice. Saw him a week afterward, and his carbuncle was gone and well, and he informed me that he had not a particle of pain after the first application of the remedy.

TREATMENT OF ULCERS.

Dr. Mandelbaum, of Odessa, in a paper in a Berlin medical journal, asserts that all ulcers of the leg and other parts, whatever their character, age, and extent, can be cured by the following method. If they are very deep, with much loss of tissue, and with under-

mined, uneven, callous edges, they are first to be scraped away until healthy tissue is reached, with the modification of Volkmann's spoon as suggested by Hebra; they are then to be covered for several days with a thick layer of iodoform until fresh granulations spring up, (as they are certain to do), and until the base of the ulcer has reached the level of the surrounding skin. When this point in the healing process is reached, the ulcer is to be strapped daily with equal parts of mercurial and soap plaster of rather soft consistence, and carefully and evenly applied. Shallow ulcers which are covered only with a thick layer of pus require no preliminary scraping, and can be at once treated with iodoform, and, later on, strapped as above described.

BEER AND SUICIDE.

According to the Quarterly Journal of Inebriety, statistics indicate that most of the suicides following inebriety occur among beer-drinkers. The ultimate effect of lager beer, in many cases, is melancholy with a tendency to suicide. This is most prominent among the Germans, whose phlegmatic disposition is favorable to such a result. Beer has a peculiar psychological action, developing a low grade of depression in all cases.—*Boston Jour. of Chem.*

NITRITE OF AMYL IN ASPHYXIA.

Nitrite of amyl, the nitrous ether of amylic alcohol, is a straw-colored liquid with a specific gravity of .877 and a boiling point between 93° and 99° C. It is a powerful stimulant of the heart, and its prompt action renders it of special value in cases of syncope and asphyxia. It has been used with success in the treatment of nervous headache, neuralgia, spasmodic asthma, and epilepsy. It is administered by inhalation, from one to five inspirations from the mouth of a vial being effectual.

In cases of apparent syncope from choke-damp, smoke, or mephitic exhalations, its use is also indicated, and in cases of apparent death from drowning

it is likely to prove a potent auxiliary in resuscitation.

It is suggested that in cases of suspended respiration, when this agent cannot be employed in the usual manner, it may be conveyed to the stomach by the tube, or used hypodermically. That further experiments may be tried and the matter fully investigated is the object of this communication.—*Boston Jour. of Chem.*

NEW METHOD OF DRESSING STUMPS.

Dr. Ed. Gaurrean, of Quebec, describes, in the *Lancet*, the method he adopts, as follows:

We shall suppose an amputation at the wrist. I apply the tourniquet over the brachial artery; I cut my flaps very carefully, that they may adjust as closely as possible, and I bring the divided parts together, and keep them in apposition by means of strips of linen one inch in width; soaked in a solution of equal parts of tincture of muriate of iron and water. I lay my strips first horizontally, and then spirally, using moderate and uniform pressure, so as to prevent subcutaneous oozing of blood, and I further saturate the compresses with iron. I now slightly turn the screw of the tourniquet, to allow of a little blood to reach the bandages. The blood coming in contact with the iron undergoes a chemical change, and forms a thick, adhesive mass, which closes the lips of the wound, and excludes all contact of air. Shortly afterward I remove the tourniquet, when no hemorrhage can take place, owing to complete closure of the wound and through compression over the veins and arteries. To ensure the latter effect more thoroughly, I previously envelop the limb up to the elbow with rollers of bandage firmly and moderately placed from below upward. As regards the use of a tourniquet, perhaps it would be better still to substitute Es-march's elastic bandages.

The points of practical importance gained by the method I submit are the following. The wound heals by first

intention; the healthy living tissues uniting without suppuration, or, in other words, no "putrefactive fermentation" takes place, just the same condition—the aseptic—as claimed for Professor Lister's method; the non-use of ligatures and sutures a frequent cause of septic mischief; and last, though not least, its simplicity and astonishing results.

I confess I have had few opportunities of testing the merits of my plan of treatment, but the whole process is based upon such scientific principles that I dare hope that it will be essayed by many, and the result honestly reported.

—*Med. and Surg. Rep.*

EXOPHTHALMIA TREATED BY GALVINIZATION

In the *Gaceta Medica Italiana*, Dr. D'Ancona relates the case of a woman, aged nineteen, suffering for two years, the symptoms being well marked.

In spite of all kinds of treatment she had arrived at such a stage of cachexia that her life was despaired of. At length galvanization with ten elements of Stohrer's portable battery was tried; and on finding that it was followed by rapid signs of amelioration, it was persevered in for five months. During this time one hundred sances, lasting from three to five minutes each, were given to the patient. She gained thirty pounds in weight; her face lost its paleness, and regained its natural color; the exophthalmia disappeared almost completely, as well as the enlargement of the thyroid body, and the pulse fell from 130 to 90, menstruation was restored, and in every respect the health of the patient was entirely re-established.—*Medical & Surgical Reporter*.

SYPHILIS TRANSMITTED BY VACCINATION.

It is reported that in a small village near Frankfurt on the Oder, twenty-six children were vaccinated from a vaccinator, subsequently found to be the victim of hereditary syphilis. Twelve are said to have escaped infection, while the remainder suffered from constitutional disease.—*Gazz. Med. Ital. Lomb.*

OVARIOTOMY.

A correspondent of the *Clinic* writes that in the Samaritan Hospital no cases are received except those of ovarian tumor. About twenty beds are provided and every operation is done in the room in which the patient is to lie. The patient is fastened down to the operating table by a strap over the knees and by both hands being strapped firmly so that no movement can occur. The anæsthetic used is bichloride of methylin. A rather free incision is made, the contents of the cyst drawn off by large trocar, until the tumor can be withdrawn, when the pedicle is tied by two or more catgut ligatures the tumor removed and the pedicle dropped back into the cavity. The incision is closed by interrupted sutures in the usual way, and antiseptic gauze applied. It is commonly necessary to dress the wound but twice. If the case does well the dressing is removed about the fifth day, when the wound is generally found to be united. In two weeks the patient may be about the ward.

TREATMENT OF FAVUS.

Sawicki uses a paste of pulverized chalk or gypsum containing 5-10 per cent. of carbolic acid. This is applied all over the head after cutting the hair short. On the third day the dressing is removed, the head washed with soft soap and water, and the paste reapplied. A little oil may be added to render the dressing more pliable. It is said to effect a cure after three or four applications.

—*Przegląd Lekarski Krakowski*.

MURIATE OF CALCIUM IN TUBERCULOSIS.

This remedy possesses a most wonderful power in controlling, if not actually curing, many forms of tubercular disease. In my experience, I have found no remedy on which so much reliance can be placed in tuberculosis as on this salt; more especially, however, this remark applies to the wasting diseases of children. It has been most extensively used by me during the past four years,

and with the most gratifying results—having prescribed it in every form of tubercular disease that has come before me during this period.—ROBERT BELL, F. R. C. P., in London *Lancet*.

Dr. Bell has used it successfully in pulmonary consumption and in glandular and bone scrofula, as well as in tabes mesenterica, and in tubercular peritonitis. Dose for adults, 20 grs., more or less, after meals. It requires to be perseveringly used, and Dr. Bell advises nutrition in conjunction with it; the inunction of olive oil is also recommended.—*Louisville Med. News*; *London Lancet*.

OPERATIVE TREATMENT OF INTERNAL PILES.

Mr. Annadale discusses the comparative advantages of the clamp and cautery, and the ligature in the operation for internal piles, in the *Edinburg Medical Journal* for June, 1877. He claims for the former the following advantages:

1. By means of the clamp and cautery the piles are at once removed, and do not remain in the rectum as dead and putrid masses.

2. The irritation and pain are not so severe or so prolonged as in the operation by ligature.

3. The patient's confinement to bed and to the house is much shorter.

4. The resulting sores heal more quickly, and are attended with less risk of suppuration, and its attendant local and general dangers.—*Med. Record*.

CHURCHILL'S TINCTURE OF IODINE.

The following is Churchill's formula as given in the fifth edition of his *Diseases of Women*. He stated then, 1864, that he had been using it for twenty years:

R. Iodin. pur.....oz. iiss.
Iodid. potassl.....oz. ss.
Spt. rectificat.....f oz. xii.
Alcohol.....f oz. iv. Solve.

After employing this tincture for thirteen years, I know no single agent in the local treatment of uterine disorders at all equal to it. It may be used as a stimulant, alterative, counter-irritant,

caustic, and as a hemostatic, and for the purpose of exciting absorption of hypertrophied tissue. Its hemostatic properties are of especial utility in the treatment of hemorrhagic endometritis, and after the use of the curette or forceps in the removal of smaller intra-uterine growths, hypertrophies of the glandular and vascular elements of the lining membrane.—*American Practitioner*.

TONSILITIS.

My experience in the treatment of this disease with the remedies recommended in the books has been such as to cause me to lay them all on the shelf, except aconite. I have treated quite a number of cases, and I am free to confess that I never saw any decidedly beneficial results from the usual remedies, as from the use of gargles. In this disease I desire to see some improvement in the course of twenty-four hours, but I never have when treated in the "usual way." In the acute disease I give aconite to control the fever and iodide of baryta 1st., 2 grs., every two hours. A friend to whom I recommended it informs me that he has used it in chronic hypertrophy of the tonsils, in five grain doses, three times a day, with most satisfactory results.—*Ec. Med. Jour*.

MR. AUGUSTUS SALA, the accomplished *litterateur*, bears warm testimony, in the *Illustrated London News*, to the liberality of the medical profession. He says: "All the stingy people in London seem to have come to the front for the purpose of abusing the doctors because they do not always give dates and items in the accounts which they furnish to their patients, but make instead a certain charge for 'medical attendance.' I own myself that I am somewhat prejudiced in the matter. I have had in my day a great deal to do with the doctors, and I have found them, as a rule, the noblest, the most humane, and the most charitable of mankind. It strikes me very forcibly that, so far from being 'fleeced' by the general practitioner, we are often apt

(unconsciously, of course,) to fleece him by cruelly deferring the payment of his bill. Why should we make him wait six months or a year for his due? He has his rent and taxes, and baker and butcher, to pay, as we have, and very frequently his carriage to keep. Is he to eat lint or stethoscopes, or sustain nature by the hypodermic injection of morphia, or the external exhibition of colloidion? We should pay our doctors promptly, and then we should know what they are charging us for."—*Med. News*.

ON THE FREQUENT CONNECTION BETWEEN ECZEMA AND DIABETES MELLITUS.

Braxton Hicks states, that of the women who applied to him on account of eczema of the genitals, about eight or nine out of ten have diabetes mellitus in a decided form. This is readily accounted for, by the irritating action on the skin of saccharine urine, but in these cases eczema of other portions of the body is often present, and is not amenable to the ordinary treatment until the glycosuria has been controlled. He mentions the well-known occurrence of sugar in the urine of patients suffering from carbuncle, and directs attention to this association of diabetes with general eczema.—*Lancet*.

PREGNANCY AND SUCKLING.

Professor Dupal says whenever a woman asks you whether, having become pregnant, she ought to continue to suckle her infant, you should reply in the negative, and advise her to procure a nurse, for you may be certain that disturbances will manifest themselves before long, to the great detriment of the child's health.

TREATMENT OF SHINGLES BY TOPICAL APPLICATIONS OF PERCHLORIDE OF IRON.

Dr. Amedee Mercier speaks highly of the good effects of this method. It consists in painting the zona twice daily with a mixture of thirty grammes of perchloride of iron of the codex and ten

grammes of alcohol. M. Mercier (These de Paris, March 2, p. 7,) has arrived at the conclusion that the treatment of zona by topical applications of perchloride of iron gives unvarying results, and that the alcoholic solutions should be used in preference to any other.—*London Med. Record*.

CARBOLATE OF SODA IN THE TREATMENT OF NERVOUS AFFECTIONS OF THE RESPIRATORY PASSAGES.

According to Dr. Pernot, all nervous and spasmodic affections of the bronchi—asthma, catarrh, influenza, and simple colds at the outset—are markedly influenced by the vapor of this raw carbolate of soda. On whooping-cough its action is most striking. He has found, from numerous observations, that after from two to ten days of treatment the paroxysms of coughing become much less frequent, less prolonged, and less severe, the vomiting diminishes or ceases, and the respiration becomes easier. He has never seen the symptoms become worse after his treatment was begun. The treatment consists in volatilizing the liquid by means of heat in the sick-room two or three times a day. About dr. x. of the liquid are placed in a porcelain vessel and exposed to the flame of an alcohol lamp. It volatilizes almost completely. The patient is allowed to breathe a purer atmosphere for two or three hours between each sitting, but a saucer containing some of the liquid is constantly kept under the bed. Dr. Pernot reports a few cases of pertussis and one of asthma, which illustrate well the action of the remedy, and certainly seem to justify all that he claims for it. Where a porcelain cup and an alcohol lamp cannot be obtained, a heated fire-brick may be used to volatilize the drug.—*Lyon Medical*, Sept. 23, 1877.

OIL OF STAVESACRE IN SCABIES.

B. Squire recommends the use of the stavesacre, obtained by expression, as a colorless, odorless and unirritating remedy in the treatment of scabies.

FRACTURE OF THE FEMUR.

Dr. Louis Bauer has quite a lengthy paper in the *St. Louis Clinical Record* for March on the treatment of fractures of the shaft of the femur, from which we make the following abstract:

The first part of the paper takes the ground that shortening in such fractures is not caused by muscular contractions forcing the lower fragment over the upper, but by the position of the trunk leaning toward the affected side, forcing the upper fragment over the lower. In support of this opinion he quotes the necessity of support to the arm in fractures of the humerus to prevent the formation of a false joint. He reviewed Prof. Hamilton's method of treatment, and contends that extension is unnecessary. Dr. B. formerly used the wire breeches, but now has adopted a double inclined splint, made of sheet iron, and fashioned to fit the limb from the crest of the ilium to the foot. He says he has used this in a number of cases without any shortening. Dr. B. highly extols Hogden's apparatus, but considers the extension feature needless.

SARRACENIA PURPUREA IN GOUT.

According to Foucault the stem and root of *Sarracenia purpurea* is an effective remedy in chronic form of gout. It is employed in form of an infusion, made from 1 to 2 spoonfuls of the powder at a time, mornings and evenings, and once during the day 1 spoonful made into an infusion as a prophylactic. The violence of the attacks becomes greatly diminished, and the alveolar movements more regular.—*Arch. der Med. in Ph. Zeit. f. Russel.*

DR. GRIFFITH recommends the following application to the ulcerations in the severe and very painful sore-throat of scarlatina: chloral, five grains; glycerine, twenty-five grains. After this has been applied with a brush, the pain is much diminished, and the patient can swallow medicine or food without the severe pain which the action caused before.—*N. Y. Med. Jour.*

TO BLISTER THE SKIN EXTREMORANEOUSLY.

Into a watch-glass, pill-box, or any similar small receptacle, pour ten drops of concentrated water of ammonia aqua ammonia fortior); cover the liquid with a bit of linen or a bit of cotton wool, and at once apply the cup to the skin where the blister is required. Press so that the vapor is confined to the inside of the vessel. A red circle will directly be observed outside, when it will be certain vesication has taken place. Half a minute or so is all the time required to obtain the result. The blister may be dressed in the usual manner of dealing with a blister from cantharides. Acetic acid, concentrated, applied to the skin, will also in a few minutes produce vesication. In each case evaporation should be prevented by some suitable covering. Bibulous paper slightly wetted with a little of the ethereal extract of cantharides, instantly applied to the skin, and covered with a piece of adhesive plaster, will answer for the same purpose.—*Detroit Lancet.*

WARM BATHS IN TRAUMATIC TETANUS

In a communication to the Winer medicinisches Doctoren-Collegium which we find published in the *Allg. Wiener Med. Zeitung*, Dr. Zechmeister gives an account of his treatment of ten cases of traumatic tetanus; six of these, several being very dangerous ones, recovered under his treatment. This consisted in keeping the patient for several (3, 5, and in one case 11) hours in a warm bath, and after a short interval (1-2 hours) repeating the procedure, retaining the patient as long as before. He resorted to no other internal or external treatment. In the course of discussion, it was mentioned that this plan was not a new one as Dr. Gottlieb Kraus had reported cases thus treated in 1869.—*Clinic.*

The best local anæsthetic for dental operations is the extract of eucalyptus. Apply one drop on cotton to the sensitive dentine just before excavating.

PRACTICAL NOTES AND FORMULÆ.

TREATMENT OF ALCOHOLISM.

At the New York State Inebriate Asylum, Dr. David H. Kitchen, the superintendent, gives the following as some of the prescriptions which have proved to be most reliable:

R.—Acidi phosphoric dil. m x.
Elixir calisayæ oz. ss.

M. Sig.—To be taken at one dose, and repeated before each meal.

R.—Tincturæ nucis vomicæ gtt. x.
Tincturæ cinchonæ co. oz. ij.

M. Sig.—To be taken in water before meals.

R.—Spt. ætheris sulph. co. oz. j.
Tincturæ nucis vomicæ gtt. x.

M. Sig.—To be taken when the patient suffers from great restlessness.

R.—Extract hyoscyami, fld. m xx.
Chloral hydrat. grs. xx.
Aque q. s.

M. Sig.—For insomnia.

R.—Extract fluid hyoscyami. m. xxx.
Sig.—In insomnia, and repeat if necessary.

R.—Extract fluid conii. ℥. xxx.
Potass. bromidi. grs. xx.
Aque q. s.

M. Sig.—Repeat in cases of insomnia.

R.—Potass bromidi,
Sodii bromidi, aa grs. xx.
Aque q. s.

Sig.—To be repeated, if necessary, in cases of insomnia; particularly useful where there is marked restlessness.

It has frequently been observed in this institution, that a single glass of milk, taken at bed-time, will produce the same effect as an anodyne or hypnotic, and as a rule we adopt this course before we prescribe medicine; often we prescribe medicine in milk. Experience has also demonstrated that the hot bath does more to relieve the unsettled con-

dition of the nervous system than any medicine we can prescribe.—*Med. and Surg. Rep.*

EARLY RUPTURE OF MEMBRANES.

Dr. O. E. Newton, of Cincinnati, O., writes:

Editor Record:

DEAR SIR—In the April number of your journal, I find some excellent suggestions from Dr. Posey upon the subject of early rupture of the membranes, which article, though good, does not go half far enough, in my opinion.

Thirty years' practice has convinced me that the majority of tedious labors is the result of an over-apprehension against premature rupture of the membranes. It has been my custom to keep ready a sharpened lead pencil, with which I rupture the membranes as soon as the head of the child passes low enough to define it to be in the inferior strait, and there be water enough in front to allow sufficient distention to permit the finger to discover the least bag or fullness in front of the head. When the waters pass, such cases, almost without an exception—all things being right—assume a more progressive character; the pains become more rapid and more effectual; in other words, steady and progressive.

Especially is this the case in very many of these slow labors, which are wholly owing to the superabundance of amniotic fluid, preventing the contact of the walls upon the child during uterine contractions. Very many such cases will linger for hours without progress, which will be at once relieved as soon as the walls of the womb are permitted to press upon the child with each uterine contraction.

All persons who show a remarkable size should be thus relieved early—by early rupture. This has been my uniform rule.

COD-LIVER OIL WITH HYPOPHOSPHITES AND WHISKY.

The following makes a nice and palatable emulsion :

Ol. morrhuae.....	fl. oz. 4.
Pulv. acacie.....	oz. 2.
Syrup pruni virg.....	fl. oz. 2.
Spts. frumenti.....	fl. oz. 1½.
Calci hypophosph,	
Sodii hypophosph, aa	dr. 1.
Ol. gaultheriae.....	m 24.
Ol. amygdalæ amar.....	m 10.
Aquæ q. s. ad.....	fl. oz. 12.

Dissolve the hypophosphites in the water. Rub the powdered gum arabic with a little of the water to a paste, then add a small quantity of the cod-liver oil, and triturate thoroughly. Again add a little of the water, and some of the oil, alternately, under constant trituration, until they are thoroughly emulsified. Dissolve the essential oils in the whisky, mix this with the syrup, and incorporate the latter with the emulsion first formed.
—*New Remedies.*

BORACIC ACID OINTMENT.

R.—Boracic acid in powder.....	1 part.
White wax.....	1 "
Paraffin.....	2 "
Almond oil.....	2 "

Melt the wax, paraffin and oil with a gentle heat, then add the acid, and continue stirring until it remains of uniform consistence. Before using it should be reduced to a soft mass by rubbing it in a mortar" or it may be slightly warmed. This is a mild antiseptic ointment much used for burns, scalds, etc., in University College Hospital, London.

FOR DYSMENORRHOEA.

For the excruciating pains often seen in nervous females at the commencement of the catamenial period, the following will be found an excellent remedy :

R.—Tinc. gelseminum	
Tinc. camphor,	
Tinc. opii deodorized, aa	dr. ij.

M. Dose, thirty drops every two hours until relieved; also, in dysentery, after the operation of Epsom salts.

TREATMENT OF METRORRHAGIA BY HYPODERMIC INJECTIONS OF ERGOTINE.

M. C. Paul, in the *Bull. de Therap.*, gives the details of 14 cases in which the uterine hemorrhage was arrested in from 5 to 16 minutes by the following solution :

Ergotine.....	2 grammes.
Water,	
Glycerin, aa	15 grammes.

of which from 1 to 2 grammes were injected. M. Paul concludes that the hypodermic injection of ergotine is the most rapid and the most efficacious means that we have at our disposal in the treatment of metrorrhagia.—*Clinic.*

NEUTRALIZING CORDIAL.

R.—Rhubarb.....	four ounces.
Saffron.....	one ounce.
Cardamon seeds.....	one ounce.
Nutmeg.....	one ounce.
Soda super carb.....	one ounce.
Ess. peppermint.....	one ounce.
Sugar refined.....	one pound.
Brandy and water sufficient to obtain the strength.	

Dose, one to two teaspoonfuls. Useful in summer complaints, diarrhoea, etc., etc.

FOR RIGORS.

When about to take a cold or threatened with local congestion or inflammation, as indicated by cold extremities, rigors, etc., use the following :

R.—Pulvis Doveri.....	grs. xij.
Cinchona.....	grs. xx.

M. Make three powders. Go to bed with a hot rock to your feet, and take a powder every hour until relieved. Pneumonia or plury may be thus aborted in the congestive or initial stage of the disease.

GOOD INJECTION FOR GONORRHOEA.

R.—Bal. copaiba.....	5 drachms.
White sugar.....	2 drachms.
Yellow of an egg,	
Water.....	8 ounces.

M. and inject frequently.

A DURABLE CEMENT.

This cement, which will not only withstand the action of concentrated and dilute acids, but is also refractory against alkaline leys, ether, alcohols, bisulphide of carbon, benzole, and other dissolving substance, consists simply of a mixture of commercial glycerine and finely pulverized litharge. In mixing glycerine and litharge, a paste is obtained which will harden, in from ten to thirty minutes, depending on the larger or smaller amount of litharge taken. With this cement, all metals, and, in fact, all solid bodies, may be fastened to each other, not only in open air, but also under water and other fluids, as it hardens just as quickly and as well there as in air. It can withstand a temperature of 225°, and may therefore be employed in any case where at present oil cement is used. In connecting chemical or technical apparatus that is exposed to chlorine or hydrochloric acid gas, sulphuric acid, vapors of sulphur, nitric acid, and other strongly corrosive fumes, this cement has been found to be excellent. The same may be said about the fumes of alcohol, ether, bisulphide of carbon and carbohydrides in general, which, even boiling, are totally inactive upon it.—*Mich. Med. News.*

RHEUMATIC TONIC.

The following is Dr. Horton's remedy for rheumatism—well adapted to cases where the disease is associated with indigestion or a debilitated and nervous condition of the system—

R.—Tincture of strychnine..... oz. j.
Tinc. cimicifuga..... oz. ij.
Muriate of morphine..... grs. xij.

M. Dose, thirty to sixty drops night and morning.

HOPE'S DYSENTERIC MIXTURE.

R.—Nitric acid..... 8 drops.
Tinc. opium..... 40 drops.
Camphor water..... 8 ounces.

M. Dose for an adult, one teaspoonful.

A GOOD FORMULA FOR THE SUMMER DIARRHOEAS OF CHILDREN.

R.—Sugar of milk. oz. ss.
Pepsin. grs. xl.
Lactic acid. gutt. xxx.
Hydrochloric acid. gutt. xxx.
Tinct. xanthoxylum. drs. j.
Water. ozs. j ss.

M. S. Twenty drops every half hour for a child one year old.—*St. Louis Eclectic.*

IMPROVED CHALK MIXTURE.

R.—Creta. prep.
Sach. alb., aa..... oz. ss.
Glycerin, pure..... dr. ij.
Cinnamon water..... oz. ijss.
Creasote..... gttss. ij.

M. Dose, one teaspoonful, to be well shaken. Excellent for acid diarrhoea of children. It will keep indefinitely.

CARBON OIL IN ANAL FISSURE.

This painful affection, which has heretofore resisted almost all forms of treatment by local applications, has been successfully managed by Carrere, who states in *Annales de la Med. de Grand* that he applies the mixture of lime and water and linseed oil, so commonly used in burns. This is done several times daily, and in all cases he has obtained a cure it at farthest, eight days.—*Alleg. Med. Cent.-Zeit.*

CHLORAL DANGEROUS IN DELIRIUM TREMENS.

In Nephey's *Medical Therapeutics*, it is said: "It has been shown beyond reasonable doubt, by Dr. Madison March, of Louisiana, and later by Dr. Ernest Magnan, of Paris, that drunkards do not bear chloral at all well. Its use by them, even in moderate doses, is liable to be followed by sudden death."—*Detroit Lancet.*

DR. ATLEE'S NIPPLE WASH.

R.—Pulv. gum Arabic..... dr. ss.
Biborate of soda..... grs. x.
Tinc. myrrh..... dr. j.
M. Apply after sucking.

SCIENTIFIC ITEMS.

PUTREFACTION.

Professor Tyndall has experimented with six hundred different test-tubes, containing every variety of infusion, and has found that when the tubes have been heated to boiling, in contact with air, free of dust and germs, and then abandoned to themselves, they have never, in any one case, undergone the action which we style putrefaction, but, on being exposed for two or three days to the open air, the phenomenon of putrefaction at once sets in. The conclusion from these experiments is, that putrefaction and fermentation are due to germs floating in the air, and that there is less danger from nauseous gases in zymotic diseases than from germs likely to be concealed in water. Some form of mote, germ or spore is necessary to initiate the disease, and these are more readily conveyed by water than by the air.—*Exchange.*

ARTIFICIAL LARYNX.

Dr. Foulis, of Glasgow, in a patient whose larynx had been extirpated, substituted a metal contrivance which takes the place of the natural organ, and through which the patient is enabled to articulate wonderfully well. The sounds are somewhat monotonous, but the vowels are clear and distinct. What next?

AN ARMY OF ANTS.

Mr. Belt gives the following graphic account of the excitement caused by a marching column of *ecitons* in the primeval forests of Nicaragua:

"My attention was generally first called to them by the twittering of some small birds belonging to different species. On approaching, a dense body of the ants, three or four yards wide, and so numerous as to blacken the ground, would be seen moving rapidly in one direction, examining every cranny and un-

derneath every fallen leaf. On the flanks, and in advance of the main body, smaller columns would be pushed out. These smaller columns would generally first flush the cockroaches, grasshoppers, and spiders. The pursued insects would rapidly make off, but many, in their confusion and terror, would bound right into the midst of the main body of ants. At first, the grasshopper, when it found itself in the midst of its enemies, would give vigorous leaps, with perhaps two or three of the ants clinging to its legs. Then it would stop a moment to rest, and that moment would be fatal, for the tiny foes would swarm over the prey, and, after a few more ineffectual struggles, it would succumb to its fate, and soon be bitten to pieces and carried off to the rear. The greatest catch of the ants was, however, when they got among some fallen brushwood. The cockroaches, spiders, and other insects, instead of running right away, would ascend the fallen branches and remain there, while the host of ants were occupying all the ground beneath. By and by, up would come some of the ants, following every branch, and driving before them their prey to the ends of the small twigs, where nothing remained for them but to leap, and they would alight in the very throng of their foes, with the result of being certainly caught and pulled to pieces.—*From "Our Six-footed Rivals," in Popular Science Monthly for January.*

NEW FREEZING PROCESS.

A Californian has invented an ingenious water faucet, through which, if water is drawn, it comes out as cold as ice-water. The faucet contains numerous small tubes inclosed in larger ones, and between the outside of one and the inside of the other certain chemicals are packed, which produce the desired effect.

EDITORIAL AND MISCELLANEOUS.

☞ All communications relating to the business of THE RECORD for the years 1877 and 1878, must be addressed to DR. R. C. WORD, Managing Editor Southern Medical Record, Atlanta, Ga.

☞ Brief and practical communications are solicited on all subjects pertaining to medicine; also reports of cases in practice.

☞ Send money by check, postal order or registered letter.

☞ Write your name, post-office, county and State plainly.

BE CONSIDERATE.

Friends, those of you who have not paid your subscription are requested to do so AT ONCE. Consider how much easier for you to raise \$2 one time in the year, than for us to raise a hundred every month.

BE REASONABLE.

If a dun should, by mistake, be put into the journal of one who has paid, let him not fret. It is not surprising that such things occur occasionally in addressing large numbers. And to those who have not paid, we again say, do so at once. Don't wait for bills to be sent. It costs the editors much labor and expense to send out these bills.

THE NO STAMP AND SAMPLE COPY MAN.

To the following ode from the *Courier-Journal* to the *no stamp man*, we add an additional verse to the *sample copy man*, who, with a postal card, which costs him one cent, gets a sample upon which the editor pays 2 to 3 cents postage, and which is worth in addition 25 to 50 cents per copy—

"The man's an ignoramus,
Or, lower yet, a scamp,
Who writes for information
And sends no postage stamp."

—*Courier-Journal*.

And meaner he, who claims M.D.,
With pestle, tile and mortar,
Who, by *postals* gets his reading free
From *samples* worth a quarter. W.

THE RECORD AT THE NORTH.

We are gratified at the increasing popularity of our journal, and the extension of its list among the busy practitioners in all sections of the Union. During the past year we had additions occasionally coming in from the extreme Northern States, giving evidence of the subsidence of those

bitter sectional prejudices which in years past have prevailed between the sections. Perhaps there was less of this bitterness in our profession than among others. We give the following extract from a letter recently received from a medical man in Corning, N. Y. The name of the writer we do not take the liberty to publish, though it would honor both his head and heart, as we have not asked his permission to do so. We commend its sentiments to others of our profession:

"I am one of those who think that by every means possible the two sections of our common country should get closer together, and know each other better. I have observed that our profession have led all the others in the early restoration of amicable relations between the North and South, and none of us have been any the worse for it. I served nearly four years as a surgeon in the Union army during the late war, and made the acquaintance of many surgeons, officers and men from the South, and ever found them agreeable gentlemen, brave to a fault and patient to endure. My recollections of those trying times are not embittered by the reflection that I ever offered an indignity to a captured man, but sweetened by the consciousness that I treated every man in my care as best I could, making no distinction between Union and Confederate soldiers, our common humanity and professional demands making it obligatory that the golden rule be our standard in administering to those helpless and friendless."

DR. CHURCHILL DEAD.

The eminent Obstetrician of Dublin, Ireland, Dr. Churchill, is no more. He died on the 31st of March at Ardree, in the county of Tyrone, at the residence of his son-in-law, Rev. Dr. Meade, where he had lived since his retirement from practice in 1875.

The number of obstetrical cases attended by Dr. Churchill, exclusive of abortions, amounted to 2,547.

AMERICAN MEDICAL ASSOCIATION.—The merican Medical Association is appointed to meet in Atlanta, Ga., first Monday in May, 1879.

BE JUST.

When called, in an emergency, to see the case of a brother practitioner in his absence, avoid, either in language or manner, anything calculated to injure or reflect upon his management of the case. By all means, avoid detailing your successful cures of similar cases. This is an unfair and insinuating method of seeking indirectly to weaken the confidence of the friends in the attending physician by showing your own superior success or skill in like cases. "Let another man praise thee, and not thyself."

HYDROBROMIC ACID—CORRECTION.

By some unaccountable oversight, an article on *Hydrobromic Acid* occurred twice in our May number. This, of itself, is not a matter of much importance, and was excused, we trust, by the good sense of our readers, but the oversight is aggravated by the use of the *drachm* mark in a formula in the one and the *ounce* mark in the other. The latter is correct. We notice the same discrepancy in different journals into which the article has been copied. The oz. mark should be used in the preparation of the acid as it appears on page 147.

De Witt C. Wade, of Michigan, prepares the hydrobromic acid as follows:

R.—Bromide Potass.....oz. xl.
Crystal. Tartaric Acid.....oz. xiv.
Water.....oz. xl.

Dissolve the bromide in the water; then the tartaric acid, and keep at a low temperature until precipitation ceases.

NOMINATING COMMITTEES.

The *Medical Bi-weekly* makes the following sensible remarks upon the method of nomination of officers in our medical associations:

"Abolish the nominating committee. It is often the tool of the unworthy. It is seldom the guardian of the most worthy. It can be and has been manipulated, and with this record, it is an unsound and unreliable device. State societies have found it to be so. State societies have, in many instances, abandoned it. The nominations should be made on the floor, and the election should be *viva voce*. The best men only will then be nominated, and one of these will inevitably be elected.

Nominate the really great physicians of this country by open nomination, and elect by the *viva voce* method. This can be done easily and quickly (on the first morning, before tricks and devices are instituted), and the result will give universal satisfaction."

BOOK NOTICES.

THE AMERICAN ANTIQUARIAN—A Journal of Anthropology, devoted especially to History, Ethnology and Archaeology — Illustrated. Published quarterly, by Brooks & Schinkle, Cleveland, Ohio.

This journal is ably edited, and pertains to a very attractive and interesting field of scientific study.

LAPARO-ELYTROTONY, a substitute for the Cæsarean Section, by S. Gaillard Thomas, M.D., New York.

In this operation the incision is made above Poupart's ligament, extending from the spine of the pubis to the anterior superior spinous process of the ilium. The peritoneum is turned aside, and an incision made through the vaginal wall near its junction with the cervix uteri, through which it is practicable to deliver the child. Five cases are reported in the above paper, in which the number of mothers surviving are three, and number of children four.

SOUTHERN HOMES illustrated, being a collection of buildings recently erected by A. C. Bruce, Architect and Superintendent, Knoxville, Tenn. A neat little work of 60 pages, to be used, as the Author remarks, as "suggestive studies in practical and original designs by which those who contemplate building may profit, and enable themselves to build beautiful and comfortable homes."

The author is a practical architect, of much experience, and those designing to build and who desire plans, specification, etc., would do well to communicate with him at Knoxville, Tenn.

FLUID EXTRACTS by repercolation, by Edward R. Squibb, M.D., Brooklyn, New York.

A pamphlet of forty-three pages, containing important suggestions in pharmacy and showing an improved method of repercolation.

A new treatment of Spinal diseases, by Melges Case, M.D., Oneonta, New York. A pamphlet of interest, containing valuable suggestions.

NEW MEDICINES and their Special Therapeutics, by I. J. M. Goss, A. M. M.D., of Marietta, Ga., author of *Materia Medica and Therapeutics*, etc. Chas. E. Ware & Co., St. Louis, printers.

This work, the author states, contains a concise notice of most of the new remedies, and the more direct action of some of the old ones. Anything relating to the properties of new medical agents, and especially our indigenous remedies,

will attract attention and interest. The author gives notice of a forthcoming larger work on the same subject; also a work on practice, by which we infer that he is a vigorous writer and an energetic man. We have not found time to examine the work critically.

Observations on Practice, Surgery, Gynecology, and especially Obstetrics, by Geo. B. Walker, M.D., Professor of Obstetrics in the Medical College of Evansville.

A paper containing many useful and practical suggestions.

S. H. KENNEDY's Concentrated Extract of *Pinus Canadensis*.

See his advertisement.

See advertisement headed Special Notice, T. Crosby, chemist, New York, relative to Vitalized Phosphates as Brain and Nerve Food.

UNIVERSITY OF THE CITY OF NEW YORK—Medical Department. Examine the advertisement.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK. Advertisement in present number of RECORD.

SAMUELS, PEMBERTON & REYNOLDS, DRUGGISTS, ATLANTA, GA.—This enterprising firm make an addendum to their advertisement in our present issue, giving notice of their wholesale agency for the house of Merrell, Thorp & Lloyd, of Cincinnati.

BATTLE & Co., chemists, of St. Louis, advertise in this issue BROMIDIA, which they style the "hypnotic par excellence." The combination seems admirable, and the profession should give it a trial.

MERRELL, THORP & LLOYD.—We invite attention to the card of Messrs. Merrell, Thorp & Lloyd, Cincinnati, in this issue of our journal, addressed "To Physicians and Druggists." We return thanks to these gentlemen for beautiful samples of fluid extracts, which have just come to hand, to wit—*Gelsemium*, *Veburnum*, *Prunifolium*, *Hyoscyamus*, *Belladonna*, *Aconite*, etc. We have already tested a number of their preparations, and feel safe in saying that they are pure, strong, and reliable. As will be seen from their card above referred to, they have established a Southern depot at the drug establishment of Pemberton, Samuels and Reynolds, Atlanta, Ga., where their medicines can be had at wholesale rates.

TO PHYSICIANS AND DRUGGISTS.

Fluid Extract of Berberis Aquifolium.—We have the true *Berberis Aquifolium* root in large amount. It was gathered expressly for us under the direct supervision of one of the ablest botanists west of the Mississippi river. We are now supplying the trade with our reliable fluid extract of *Berberis Aquifolium* in quantities. Our wholesale agents are W. R. Perrick, St. Joseph, Mo.; W. J. & L. A. Smith, Hartford, Conn.; J. O. Bosworth & Co., Denver, Colorado, and Pemberton, Samuels & Reynolds, Atlanta, Ga.

Our medicines are furnished by all these parties at our lowest price. Physicians throughout the South will please bear in mind the well-known Atlanta drug house above named, and order the extract which bears our label, thus securing the best. Respectfully,

MERRELL, THORP & LLOYD,
Cincinnati, O.

GEORGE STINSON & Co., ART PUBLISHERS, PORTLAND, ME.—We are in receipt from George Stinson & Co., art publishers, a floral cross, which for beauty and delicacy of finish we have not seen excelled. Their beautiful engravings are finding their way into many households.

BEDFORD ALUM AND IRON SPRINGS.

Notice the advertisement of the above celebrated waters. These springs possess real merit. The water and mass may be obtained in Atlanta, of Messrs. Samuels, Pemberton & Reynolds, R. Holt, and Pinson & Peacock, druggists.

WM. R. WARNER & Co.—New and interesting advertisement, by the house of Wm. R. Warner & Co., appears in the present number of our journal.

McKESSON & ROBBINS' new advertisement, attesting the purity and reliability of their Quinine preparations, should be carefully read.

THE IMAGE OF HER MOTHER.

A NOVEL.

BY RUTH RUSTIC.

In the Savannah Weekly News, 20th April, was commenced a new serial story, with the above title, written by a lady of Savannah. The Weekly News is the largest and best weekly in the South. It is a complete newspaper, and contains the latest telegraphic and State news, markets, etc., an agricultural and military department. It is adapted for general circulation throughout the South. Subscription, one year, \$2.00; six months, \$1.00. Specimen copies sent free. Address

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Savannah, Ga.

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EDITORS:

THOMAS S. POWELL, M. D. W. T. GOLDSMITH, M. D. R. C. WORD, M. D.

R. C. WORD, M. D., Managing Editor.

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ORIGINAL AND SELECTED.

TUBERCULAR MENINGETIS, TREATED WITH IODIA.

BY J. W. UNGER, M. D., OF MISS.

I was called to see Mr. H.'s child, age one year and four months, and found it in the following condition: Tongue coated with a whitish fur; slight febrile movement; gums red and swollen; irritable and feverish. Without instituting a thorough examination, pronounced all due to difficult dentition, and thought there might be some malarial influence co-existing. I prescribed calomel as a purgative, with bromide potassium and sulphate of cinchonidia to allay nervous irritability; and to counteract any malarial impression, should any exist. Thinking this sufficient to entirely relieve the little patient of all trouble I left, and did not hear from it for several days, when I was again sent for and learned that it had been growing gradu-

ally worse. I protracted my stay in order to ascertain what the real trouble was. The mother was closely interrogated in the hope of eliciting information upon which to form a correct diagnosis—failing to procure any available or satisfactory information, I directed my attention to the child, and observed an alternate contraction and dilation of the pupil, with oscillation of the iris; this excited suspicion of meningitis. I placed my hand over the anterior fontanel to determine the amount of blood pressure, and found it full and forcibly pulsating. Knowing the intimate sympathy existing between the stomach and brain through the ganglionic system of nerves, I inquired whether the child had been observed to vomit at any time, and was informed it had occasionally, but it did not appear to suffer, before or after, any great nausea; which is characteristic of this sympathetic vomiting due to cerebral inflammation. I next inquired as to

the condition of the bowels, and learned that during the initial stage, diarrhoea existed, but subsequently constipation obtained.

Visit after visit revealed other very important features and manifestations, serving to corroborate and strengthen any conviction of the existence of meningitis. The *tache cerebrale* of M. Trousseau, on which he and others place so much reliance and value as a diagnostic sign, was present and well marked. This is a strange phenomenon, admitting of no easy explanation, but when seen is highly significant, and due consideration and prominence should be allowed it in the assemblage of multiform manifestations presenting in this insidious, though formidable malady. The hydrocephalic cry was occasionally heard, and, by way of parenthesis, let me here remark, that no one who ever hears it will allow memory to be so treacherous as to forget its distinguishing and characteristic peculiarity. The retraction of the abdomen, spoken of by Gohis, was absent in my case. He claims through this sign, to be able to differentiate meningitis from essential fevers in its incipency. Billiet and Bartholin, think it rarely occurs, except in cerebral disease. The pulse at first was considerably accelerated, but subsequently became irregular in rhythm and force; intermitting, about every eight or ten beats. When improvement began it fell below the normal standard. Respiration was disturbed by sighing and irregularity. There was a dry cough, but this was not constant. Thinking that a sufficient account has been given, to establish the correctness of my diagnosis, I will now report the issue, with the treatment, which proved successful, and apologizes for its being sent for publication. From the commencement of the pyrexial period, to the close of the fever, occupied a period of over a month, when decided and equivocal evidence of improvement was manifested. I could not help thinking the apparent improvement was cheating me into a false security, but soon I had the satis-

faction of seeing and knowing, that my hopes were not without foundation, and that convalescence was begun, if complete recovery was never attained. I entertained fears of a relapse, and so informed the parents, but ten or twelve months have elapsed since, and the child is living and seems to be in tolerable health. I attribute the causation to a scrofulous diathesis predisposing; excited by reflex irritation, from difficult dentition.

Treatment: In the first stage, I gave iodide and bromide of potassium freely and frequently for three or four days, which succeeded in calming the nervous irritability, and exercised a derivative influence on the brain. I gave calomel as a purgative. I also kept constantly applied a cold compress to the head. I had read of Battle & Co.'s Iodia, and thinking it an excellent combination, and containing the agent upon which nearly every practitioner in this disease relied, determined to test it in this case. I commenced its use the fourth or fifth day and persistently kept it up, and was rewarded with success through its use. While this was the main, other agents as auxiliaries were employed, when individual symptoms arose demanding their use. I know one case is insufficient to establish its value or efficiency in this disease, but by reporting this, others might be induced to try it, and thus determine its real value.

CLINICAL REPORTS OF THE DEMILT DISPENSARY.

BY DR. L. DUNCAN BULKLEY.

Seven cases of Palmar Syphilis.—When affecting the palms of the hands and the soles of the feet alone, syphilis is so commonly mistaken for other diseases that a brief mention of seven cases which have been under treatment during the past year may not be without interest and profit. It is well known that palmar eczema and psoriasis may simulate the eruption caused by syphilis so perfectly

that it is often a matter of great difficulty to make the diagnosis from the appearance of the eruption alone. Several of the cases here reported had long passed unrecognized, one of them having been twice in a hospital, for periods of three and six months respectively, without the true nature of the affection having been recognized, the treatment being purely local, and no investigation of the constitutional nature of the disease being made; and moreover, the effects of all previous treatment had been but moderate and transitory.

The lesions of syphilis may appear upon the palms and soles either early after infection, or as one of the very late manifestations of the poison (I have observed it there as late as twenty years, as far as could be made out, after the disease has been acquired), and the cases present somewhat different appearances, according as the eruption is one of the early or late symptoms of the disease. In the earlier cases the lesions are apt to be multiple, as all the earlier manifestations of syphilis, whereas eruptions on the palm or sole late in the history of syphilis partake more of the nature of the latter lesions, and are more commonly single. These seven cases may be thus divided, and I will mention first the three in whom the palmar and plantar exhibitions of syphilis occurred early in the disease.

CASE I.—Joseph Kelly, aged thirty-three, came to Demilt, February 27, 1877, saying that he had had a chancre on the penis four months previously, which was followed, at the expiration of about a month, by a general, scattered, papular eruption. Examination revealed the remains of a chancre at the end of the meatus; there was somewhat a depression and some hardening still remaining, with moderate inguinal adenopathy.

The centres of both palms were the seats of a distinctly tubercular and squamous eruption, with well-defined margins passing abruptly from diseased to healthy tissue; the patches were about

an inch and a half in diameter, and nearly circular. On the feet there was a similar eruption of flattened, scaly tubercles, disposed in a more or less circular form, about in the centre of each sole. The color of the eruptions was of a dark red where the outer layers of epidermis were gone, but, where this still was intact, they had a dirty-yellow look, with punched-out edges. There had never been any moisture, and little if any itching. There was still some of the general eruption to be seen on the legs, and some superficial redness of the fauces existed.

He was put under the use of mercurial inunctions into the sides and thighs, with no local treatment, and on March 1st it was noted that there had been very great improvement in the eruption everywhere. He continued to improve, but after some weeks became careless, and returned on April 14th, after an absence of three weeks, with the eruption worse. On May 5th a sclero-choroiditis was discovered.

He continued under treatment some weeks longer, and the eruption nearly disappeared, when he again failed to attend, and has not been seen since.

CASE II.—A woman, J. H., aged forty-three, acknowledges to having had sores in the vulva in March, 1875, which were soon followed by a general eruption, the palms being affected at the same, or about the same, time. She has been in attendance at the Dispensary nearly a year; she has a family, and as soon as the hands improve to a certain point she always neglects treatment, and returns when they give her annoyance.

In her case the eruption occupied the palms of both hands, being made up of isolated tubercles, somewhat elevated, fissured here and there with a small amount of scaling. The edges of the eruption, which were made up of separate papulo-tubercles, in some places touching each other, were sharply defined, as if punched out, and, on raising the epidermis, which was loosened from the inner border, it was seen to run ex-

ternally down into healthy tissue beyond the eruption.

She was given a mixed treatment of bichloride of mercury and iodide of potash, with no local measures, and the improvement was very prompt and decided, but, like so many of these patients, attendance became irregular as the disease gave less trouble, and at the last note, May 24th, there were still some traces of the lesion, in the way of a few small fissures where former tubercles had been.

This woman has five healthy children, born before the occurrence of the chancre.

CASE III.—This patient gives no history of infection, but the appearance of the eruption on the palms is that of a more recent syphiloderm, and the following history of her pregnancies confirms this. She has been married twice and had twelve children by her first husband; and none by the second; all the children came to full term except one which miscarried at three months, the cause of which she attributed to fright. All the children are healthy but one, who is under treatment for eczema of the leg.

When first seen both palms were the seat of eruptions corresponding mainly in appearance to those described in the two preceding cases. On the right palm there was a clearly-defined, irregular patch about one by one and a half inch in diameter, seated at the roots of the two middle fingers. On the palmar surface of the left hand there were three distinct patches at the roots of the last three fingers. She was given inunctions of mercurial ointment into the sides and thighs, and improvement resulted, but she also was careless, and the case was not followed to the end.

The following cases are instances of the eruption of syphilis occurring on the palm and sole later in the disease.

CASE IV.—Ann McC., aged twenty-nine years, has every appearance of health, with the exception of the single lesion on the right palm, which, when she first came for treatment (October, 1876), almost incapacitated her for work;

the disease occupied the larger portion of the internal surface of the hand, including the fingers and thumb. Most of this surface was bereft of epidermis, was of a deep, purplish red, the larger part of it smooth and shiny, with here and there separate or grouped tubercles, on which the new epidermis was beginning again to harden and peel; where these tubercles existed at or near flexures, there were cracks, which were very painful. The margins of the eruption were very clearly defined, punched out in appearance, with the edges of the epidermis everted, and when this was pulled on toward the healthy tissue it could not be separated without giving pain. On closer examination the greater part of the margin could be recognized as composed of separate tubercles arranged side by side, in some instances running into each other, at others quite isolated.

Her history was perfectly conclusive of the nature of the disease: her first husband confessed to having syphilis, and ten years ago she became infected and had the usual phenomena, obstinate sore throat, loss of hair, occipital headache in the afternoon, and three miscarriages at two, three, and five months respectively, followed by a dead child at full term, and two other children which lived but a few weeks, and had eruptions which, from the description, were syphilitic. The syphilitic lesion on the palm did not appear until three years before her visit to me, or seven years after she acquired the disease.

She was placed upon a mixed anti-syphilitic treatment, and made very great improvement without any local measures; subsequently, however, these were added to expedite the cure and to counteract the effect of her occupation. She also was rather fitful in attendance as the hand approached a cure; and at the last note, June 14th, there were still some remains of isolated tubercles, although the hand has long ceased to give her any great annoyance. She was obliged to do household work and washing most of the time while under treatment, which

delayed the recovery greatly. I may mention, in this connection, that another patient treated some time ago, who was a silver-plater, and obliged to keep the hands in acid much of the time, recovered completely and remained well of a palmar syphiloderm, he taking only the mixed treatment internally, with no local measures whatever.

CASE V.—Mary D., aged sixty, a widow woman, has always enjoyed good health until a year ago, when, as she states, after smoking the pipe of a boarder, she acquired a general papular eruption, which was preceded by a sore throat, and followed by sore eyes and falling of hair. When first seen, June 9, 1877, the eruption was confined chiefly to the left hand, the right being entirely free. The lesion occupied an elliptical surface, extending from a little below the wrist, over the ball of the thumb, around to the roots of the fingers and along the ulnar border of the hand, joining the starting point just above the wrist; the centre of the palm appeared free. The eruption was made up of tubercles, slightly raised above the level of the skin, which in some places touched and coalesced; there was considerable loss of the epidermal layer on the affected portions, with sharply-cut edges.

On the radial side of the left arm near the elbow, also on the right forearm, and on the back of the left hand, were the remains of a papulo-tubercular eruption, of dark red color, and on the anterior surface of the right leg were brownish stains of a similar lesion. She was placed upon a mixed treatment with immediate improvement to the eruption, no local measures being employed.

CASE VI.—James McK., aged fifty years, gives no history of contagion, the first lesion of syphilis which he acknowledges to being the present eruption, which he says came first a year and a half ago; the palmar lesion appeared to be but a portion of the papulo-tubercular eruption existing elsewhere. On the surface of the right foot, extending around on to the tendo Achillis, also on

both legs, and to moderate extent on the arms, there was an eruption disposed to a great extent in the form of circles and gyrations, composed of flat papulo-tubercles, in many instances touching each other, in others isolated, of a deep coppery-red color, and with but moderate scaling. On the right palm was an eruption composed of the same elements, and exhibiting characteristics corresponding to those previously detailed, which need not be repeated, as the lesion presented nothing unusual. He was seen but once.

CASE VII.—James Higgins, aged forty-two, a laborer, appeared at the Dispensary first on January 27, 1877, for the treatment of an affection of the sole of the foot, which had lasted a year and a half. He is a man of more than ordinary intelligence for his class and occupation, and denied having had syphilis, and was much surprised when the disease was confidently ascribed to this cause; he gave no history of syphilis as far as could be made out.

On the middle of the sole of the right foot there existed an irregularly-shaped patch, with circular edges, of diseased tissue, from which most of the normal epidermal covering was gone. On close examination it was seen to be composed mainly of separate elements, irregularly placed, which presented themselves as papular or small tubercular prominences, with a dirty-grayish epidermal covering. The margins of the patch were very clearly defined and sharply out, the epidermis standing up at the edge, and when pulled on the layer was found to reach down into healthy tissue peripherally.

For the purpose of clinical study, the case being carefully watched by a number of medical gentlemen attending the clinic, he was given only mercurial ointment, for inunction into the sides and thighs, with no local application whatever. The patch fairly melted away under the anti-syphilitic treatment; in one week, on February 3d, it was discovered that there was great improvement; on March 3d it was noted that the eruption was nearly gone; and on March

13th, or six weeks from the first visit, the record reads that there was only staining left; the patch had existed one and a half year previously.—*N. Y. Med. Journal*.

THE USE OF SULPHATE OF CINCHONIDIA IN ACUTE BRIGHT'S DISEASE AND IN INTERMITTENT FEVER.

By J. C. McMECHAN, M.D., Physician to St. Mary's Hospital, Cincinnati.

On September 21, 1877, I was consulted by J. A., of Maude Station, Ohio, who was suffering from intermittent fever. The usual remedies for that disease were prescribed, and in fourteen days the patient was well of the fever. A few days after the fever was cured, the patient's lower extremities began to swell, and became oedematous, and in a short time, they were so much swollen that J. H. was scarcely able to draw on his pantaloons. At this time, he consulted me again, and, upon examining his urine, I found it loaded with albumen. From the oedema present, and the albumen found in the urine, and no other disease being present, I considered the case to be one of acute Bright's disease. I advised the patient to go to the St. Mary's Hospital, and he entered that day. The patient was twenty-six years of age, tall and well developed, and, during his whole life, had never been sick until this attack. The first two weeks he was in the hospital, he took small doses of elaterium, and he also took tincture of digitalis. With this treatment, he improved but slowly. The oedema was not so well marked, but the amount of albumen in the urine was not diminished. About the first of November, he began to take thirty grains of sulphate of cinchonidia, daily. This was given in ten-grain doses three times per day. At the same time, he took 25 drops of tincture muriate of iron four times per day. Small doses of elaterium were also administered occasionally. After pursuing this course of

treatment for two or three weeks, marked improvement was noticed; the oedema began to disappear, and the amount of albumen in the urine began to diminish. From this time, only twenty grains of cinchonidia were given daily, and the elaterium was given but seldom. About December 15, the oedema disappeared completely, and no trace of albumen was to be found in the urine.

About January 1, the patient was discharged from the hospital, and since then, there has been no return of the disease.

In February, 1878, Willie M., aged nine years, came under my care. He had been affected with dropsy for nine months previous to February, 1878. His father and mother were not able to state what was the beginning or cause of his sickness, but they were able to state that the dropsy had existed for nine months. His urine was found very albuminous, and no heart lesion or other diseased condition was found to exist. The case was diagnosed acute Bright's disease, and the patient at once put upon five-grain doses of cinchonidia three times per day, and 20 drops of tincture ferri muriat. three times per day. Pills, containing small doses of elaterium, were also prescribed. The pills were to be taken but once a week. After three weeks of this treatment, the dropsy had almost disappeared, and the albumen was rapidly diminishing in amount. The patient has gradually been improving, and about two weeks ago, upon examining the urine, but a slight trace of albumen was found. The dropsy and oedema had disappeared. I think this last patient, like the first one, will recover completely. I have two other patients under my care affected with Bright's disease, the one case being acute and the other chronic. They have not been long enough in the hospital to test the effects of the cinchonidia treatment fully, and I have no hopes of the chronic case being benefited. As suggested by an article in the *Clinic*, the cinchonidia acts well in cases of acute Bright's dis-

ease, following intermittent fever, and I have no doubt but it will act well in cases occurring after other diseases.

From September, 1877, to May 1, 1878, I have treated 56 cases of intermittent fever, in the wards of St. Mary's Hospital, with cinchonidia. Of these 56 cases, only two cases had any return of the fever after undergoing a short course of treatment. Some of the patients had been affected with the fever for six months, and some for a year. One patient had contracted the disease in the South, while living in a swampy region, and came North for the express purpose of undergoing treatment, as he could get no relief from the remedies taken in the South. Several of the cases were from the malarious districts of Indiana. The usual dose of the cinchonidia given was twenty grains, divided into two doses, to be taken four and three hours before the time for the chill. In all of the severe cases, Fowler's solution and tinct. ferri muriat. were administered in conjunction with the cinchonidia. In only one case, 40 grains were administered during the twenty-four hours, and in only a few cases, 30 grains of cinchonidia were given during twenty-four hours. I never had better success in curing intermittent fever with quinia than I have had with the cinchonidia. In the hospital, this drug is administered in wafers, ten grains being placed in each wafer. In private practice, it is pleasanter to give the drug in capsules, each one to contain five grains. A very small capsule can be used if the druggist first moistens the cinchonidia with amylum glycerine before putting it in the capsules. Dr. Sidney Spence, of St. Bernard, Ohio, informs me that he uses nothing but cinchonidia in treating cases of intermittent fever, and he always succeeds in curing his cases as rapidly as he formerly did with quinia.

I am, at present, testing the effects of sulphate of cinchona in cases of intermittent fever.

In conclusion, I would say that, in my opinion, the sulphate of cinchonidia is

just as effective as quinia—it looks like quinia, it has the same bitter taste that quinia has, it causes tinnitus aurium in the same doses that the latter drug does, and it requires no larger doses of it to cure the fever.—*Clinic.*

In connection with sulphate of cinchonidia, we take occasion to refer to cinchon alkaloid, and the preparation from it of a tasteless, anti-periodic. Among a number of articles that have been written in regard to the preparation of a tasteless mixture was one which appeared in the February number of the *American Journal of Pharmacy*, (1871), by Dr. J. B. R. Purnell, from which we quote the following:

"In the case of anything employed to conceal the taste of quinia sulphate, and like bitters, use the bitter in powder, avoiding an acid, or (with a few exceptions) any perfect solution."

CONGENITAL PHIMOSIS WITH ADHERENT PREPUCE.

BY E. C. LEMEN, M. D.

Read before the Madison County Medical Society.

That phimosis may become a source of many inconveniences as well as contribute to the production of organic diseases, as balanitis, cystitis and irritation if not inflammation of the kidneys, has been fully dwelt on by authors and lecturers, as well as established by the observation of all regular physicians.

But the object of the present essay is to call the minds of the members of the society to a condition which I am certain often follows the above pathological conditions as a natural sequence. And which I believe might be, and doubtless has been, in many instances referred to other causes, much to the detriment of the patient, if not ultimately to chagrin of the physician. We propose to consider phimosis with adherent prepuce as a factor in the production of *spinal irritation, or spinal anæmia*; which may or may not result in reflex spasm, or reflex paralysis.

It is an universally admitted physi-

ological fact that a peripheral irritation in any part of the body, if long continued may result in either reflex spasms or reflex paralysis. The honor of first directing the attention of the medical profession to a condition of semi-paralysis as well as the loss of the power of co-ordination of muscular action from the above causes, is due to Professor Sayers of New York City, in a clinical lecture delivered Oct. 14, 1870.

Previous to this time no author or lecturer on either diseases of the nervous system, or genito urinary organs, had so much as made reference to the above results as dependent upon, or in consequence of the pathological conditions under consideration.

The source of irritation in the case is to be found in the retention and deposit of the sebaceous excretion of the corona glands, the liquid portion being absorbed, the calcareous portion remaining as a hard ring or concretion. The result of a series of cases presented to and treated by Professor Sayre will illustrate.

In which many or all of the following symptoms and conditions were present: Extreme restlessness, wakefulness, night terrors, priapism, urinary troubles, inability to speak correctly, unsteady gait, tumbling down, loss of power of co-ordination, spasmodic action, and finally paralysis.

A synopsis of two of his cases will suffice to illustrate.

Case No. 1. Aged four years, had never walked or talked; face idiotic, convulsive movements of both upper and lower extremities, lower extremities rigid, tendo Achillis contracted as in talipes equinus; prepuce elongated and adherent. Operated and removed hard ring of smegma from corona.

A few weeks later patient talked, walked, slept well and fed himself as a child of his age usually does.

Case No. 4. History as given by patient's father. Patient three years old, very restless at night, had never slept two consecutive hours at night and then on his hands and knees, irritable, peev-

ish and vicious, tottering and unsteady in walking, etc.

By request of friends he had consulted Prof. Sayers, who on examination felt along the spine; and by pressure at a certain point, spasmodic movements of the child's limbs occurred. Examined prepuce, retracted foreskin. Operated by splitting foreskin and removing something which looked like a sliver of bone. Ten days after operation, patient began to eat and sleep well, and is becoming so docile that we hope in a short time he will act like a white man's child. Prof. Sayer then said "there is some discussion as to whether reflex irritation and paralysis can be produced by the above conditions; but that a score of like cases operated on by him and recovering perfectly without further treatment, is conclusive evidence."

Drs. Beardsly and Hall have reported a number of cases in every respect similar to those of Dr. Sayer, both in course of history of cases and results of operations.

One of Dr. Beardsly's cases will suffice to illustrate.

Patient seven years old, with complete paralysis of lower extremities of two months duration; convulsive movements preceding paralysis.

Adherent prepuce with signs of recent inflammation. Circumcised and turned out from beneath the prepuce a pent up deposit of sebaceous matter. The patient rapidly recovered without further treatment. I am able to offer three cases quite similar to the above; in all of which there existed phimosis and adherent prepuce.

The cases all presented the following history; capricious appetite, imperfect nutrition, irritable temper priapism, insomnia unsteady gait; semi-choreic, or partial loss of power of co-ordination slight epileptiform convulsions but no paralysis. But doubtless had the cases been neglected and the cause of irritation remained, the next step in the pathological action would have been paralysis.

I was induced to operate by having read the results of the cases of Drs. Sayre, Beardsley and Hall, who operated upon all and in each case found phimosis and adherent prepuce together with the hard ring of smegma at corona; the results perfectly charming in each case; in a few days after operation, all of the unpleasant symptoms above enumerated vanished as would a mist before the morning sun.

Another effect of phimosis either direct or indirect; is the formation of a stone in the urethra or bladder; (and especially of the phosphatic calculi.)

I have met with four cases of stone in the bladder and one case of urethral calculus with fistula urethrae, in the past fifteen months; and in all phimosis existed.

In consequence of the contracted preputial orifice it is necessary for the patient to make use of an unusual amount of force to expell the urine.

Consequently the bladder is never entirely or completely emptied at the time of urinating. The retained urine becomes decomposed and ammoniacal, cystitis is developed, the salts of the urine—especially the phosphates—are precipitated, resulting in the formation of stone.

Dr. Packard of Philadelphia says many of the symptoms of stone in the bladder may be produced by phimosis alone.

Twice in twelve months had he operated for phimosis in which the only symptom absent was hæmaturia. All trouble disappeared after operation.

Statistics prove that in half the cases of male children the glands penis cannot be exposed, the prepuce being too long or narrow. It may be true though that in many of these cases nature is capable of removing to a very great extent the trouble before the patient attains the age of puberty. Still the fact remains to be met, that the many cases would have been benefitted by an early operative interference.

I would therefore submit the suggestion; that it is the duty of Physicians to

examine male children who may be under their professional care, and operate upon the same when in their opinion it would be for the best interest of the patient.

And especially should they present urinary trouble; or mal nutrition with vague neurotic symptoms; for as is well known a slight peripheral irritation may result, if long continued, in serious functional disturbance.—*St. Louis Medical Journal.*

THE TREATMENT OF SORE NIPPLES.

The measures recommended from ancient times to the present for the treatment of sore nipples are past enumeration, and yet there is nothing which may be employed with absolute certainty. On this account, the author takes occasion to report the following cases in which he has used carbolic acid "with so direct and striking results" that he deems it his duty to recommend this agent in the affection under consideration:

1. Frau S., confined for the first time in August, 1876. On the third day, she presented upon the right nipple several fissures and two vesicles which were very painful upon nursing the child. The fissures were cauterized, and the vesicles opened with the nitrate of silver pencil. After lead-water applications were made, and less often application of the child to the affected side was enjoined. In spite of this careful, thorough treatment, two painful weeks passed away before the nipple was completely healed.

Early in October, 1877, the woman was delivered the second time. She must have suspended nursing after about five months, on account of the new conception. This time, she showed, on the third day after birth, upon both nipples, several vesicles, as well as several fissures. The vesicles were emptied, and all sore places were again touched with the nitrate of silver pencil. The pain,

upon the application of the child, was diminished so little that, in the evening, an attempt was made to protect the breast with a rubber nipple shield, but this was rejected. The next day, the fissures were enlarged, very red, and, like the borders of the vesicles, bleeding easily. An experiment with carbolic acid was now determined upon. Applications of a five per cent. solution were employed, which were renewed every two or three hours. Of course, before every nursing, the breast was carefully cleansed in order to prevent any taking up of the acid by the child.

The solution was tepid; a clean linen cloth was moistened with it and laid upon the nipple. Directly after the first application, the pain abated, and it did not increase when the child was put to the previously carefully cleansed part. The next day, the fissures were smaller and paler, the eschar gone, and, after two days' longer use of the solution, healing was complete. No more pain was felt in the breast from nursing.

2. Several weeks after the above, a lying-in woman presented, both of whose nipples were sore. The nipples were well projected and of normal size. Upon the surface of the right one, there were two fissures, and upon the left one, one fissure, about four mm. long and two mm. deep, the left arising from a burst vesicle, with a superficial eschar upon the skin of the nipples. This was treated in the same manner, but with only a two per cent. solution renewed every two hours. After, probably, two hours, the child was again applied; the left nipple manifested far less sensibility, but the right one was yet painful. The application of the solution was continued. Although it was not made regularly the next night, the sucking and grasping of the child of the left nipple were entirely painless. The right one, on the contrary, had been much more painful since the day before. Upon inspection, the fissures were found decreased in size and paler. Notwithstanding the irregular employment of the solution, the pain was

eased in the right nipple during the course of the day, and the woman was able to nurse without the least annoyance. Eight days afterward, there was experienced a new pain of violent character in the right nipple, which was later ascertained to proceed from a small recently formed fissure. One application of a five per cent. solution of carbolic acid was made. At first, it excited somewhat severe smarting, but it sufficed to render completely painless the next nursing of the child, and in two days, the fissure had disappeared.—*Ex.*

A BLOODLESS METHOD OF PERFORMING TRACHEOTOMY.

We all know that the statistics in favor of tracheotomy, below the age of three, are not very favorable, some practitioners in Germany even refusing to perform the operation in croup or diphtheria, while some of the hospitals deny admission to the patients, as it increases the mortality percentage of their operative treatment to a very great extent. Out of 504 patients, on whom the operation of tracheotomy was performed in diphtheria, at Professor von Langenbeck's clinic during the last six years, 357, or 70.8 per cent., died. The causes of death were principally lobular pneumonia, croupous exudation, extending into the bronchi, asphyxia, exhaustion, paralysis of the laryngeal and pharyngeal muscles, and collapse.

The immediate danger and the sole cause of alarm to the inexperienced operator, in performing the usual operation of tracheotomy, is the bleeding. The operation I am about to describe, which may be considered entirely bloodless, is the one at present almost universally adopted in Germany when operating on children.

This operation of tracheotomy superior was first performed by Rose, Professor von Langenbeck's very able assistant, and is carried out in the following manner:

The little patient is slowly chloro-

formed, the mask being somewhat raised from the face if a paroxysm of coughing should set in. (I have constructed a chloroform apparatus, which may be regarded as an extensively modified Junker's inhaler, by which the amount of chloroform inhaled can be exactly regulated, and the whole apparatus worked with one hand, leaving the other hand free to feel the pulse, etc., and to assist the operator. This apparatus is in use at some of the Berlin hospitals.) As soon as the patient is chloroformed, a roller is thrust under the neck, and the head allowed to fall backward; this gives the front of the neck an arched appearance, and will throw the important parts into prominence. The operator now seeks the upper margin of the cricoid cartilage with the tips of his fingers, and makes a vertical incision through the skin exactly in the middle line of the neck, beginning about a small finger's width from above the upper margin of the cricoid, and extending about an inch and a half to two inches downward. The incised parts are drawn asunder, and the cricoid cartilage is thus so far exposed that, after steadying it with a finger, a transverse incision of not quite half an inch in length can be made as near its higher margin as possible. By this incision, the fascia, which envelops the thyroid gland and connects it with the trachea, is divided through. With a pincette, the operator now seizes hold of the lower border of this transverse incision, and, in the same way as the periosteum is severed off from the bone in a subperiosteal resection, he severs the fascia off from the trachea in a downward direction, either with a blunt hook or a director, pushing downward with the fascia all those veins which cause so many difficulties. As the operator gradually descends with the director, he unloosens the isthmus of the thyroid gland from the trachea, pushing the gland outward and downward, and lays the upper tracheal rings quite bare, so that they can now be seized and opened in the usual way.

This operation is particularly applicable to children, especially in those cases where immediate danger is apprehended, and the operation is to be performed at once. It is certainly preferable to the operation of tracheotomy inferior, which is performed below the thyroid gland, where the trachea lies much deeper and is covered by an extensive plexus of veins. In the operation just described, which is made above the isthmus of the thyroid gland, the number of cartilage rings that can be exposed and cut into will, of course, be more limited than in the inferior operation, and will also permit, should it be deemed necessary to enlarge the opening to extend the incision upward by dividing the cricoid cartilage, which, in children, none need hesitate to do.

Another great advantage in this operation is the fact that it does away with a staff of assistants. An intelligent nurse alone will be able to do all the assistance that is required. The incised parts can easily be kept asunder with a large, strong hair-pin, somewhat stretched to represent a large V, the free ends bent into half hooks, or two small hair-pins can be selected, the free ends bent and inserted under the incised parts on opposite sides, while the head of one pin is fastened to a piece of elastic, which passes round the back of the neck to the head of the other. This operation need not be practiced once or twice to insure confidence.—*Louis Henry, M.D., in British Med. Jour.—(Clinic.)*

ARSENIC.

RULES FOR ITS THERAPEUTIC USE.

Dr. L. D. Bulkley (New York *Medical Journal*, August, 1876), in an exhaustive article on the use and value of arsenic in the treatment of skin diseases, reaches the following conclusions:

1. Arsenic, when administered in medicinal doses, has quite another action from that manifested by poisonous doses. The average dose of the former is one-

twenty-fourth of a grain of arsenious acid, while the smallest toxic dose is placed at two grains.

2. Arsenic, in medicinal doses, does not produce any slow poisoning, but has been administered for months or years in quantities, a small portion of whose aggregate amount would destroy life at once.

3. Arsenic, given by a careful practitioner, in doses to be effective, need never produce any symptoms which should cause regret.

4. Arsenic is eliminated very rapidly, chiefly by the bowels and kidneys, so that the urine shows evidences of it in a few hours. No trace of it can be found, on careful analysis of the body after death, two weeks after the last dose of arsenic. Arsenic, therefore, does not accumulate in the system.

5. The first symptom of a full dose of arsenic is usually a fullness about the face and eyes, and conjunctive irritation and tenderness. This need not be exceeded, but may often be kept up with advantage to a slight degree until the disease yields. Before any harm is done by arsenic, either this or a slight nausea or diarrhoea manifests itself.

6. Arsenic should always be given with or just after meals; it is often best to give it alone, or with a small amount of bitter infusion.

7. The bowels should be first well purged, and an occasional laxative will both assist the action of the drug and prevent or modify some of its unpleasant effects.

8. If the urine becomes loaded and the tongue coated, it is best to stop the medicine for a short time, and give diuretics. Some of these disturbances can be prevented by combining an alkali with the arsenic.

9. The most serviceable forms in which to use arsenic, named in the order of their value, are—solution of the chloride of arsenic, solution of the arseniate of potassa, that of the arseniate of soda, and the arseniate of ammonia, arsenious acid, iodide of arsenic, and the arseniates of iron and quinia.

10. The dose of arsenic, small at first, is to be increased slowly until some of its physiological effects are manifested or the disease yields; it may then be somewhat diminished.

11. It is very important that arsenic be taken very regularly and persistently, and always under the supervision and frequent inspection of the physician.

12. Arsenic is valuable in chronic rheumatism; hence, is useful in arthritic eruptions. It is serviceable in certain neuroses, as chorea and neuralgia; therefore, in skin diseases, with neurotic elements; it possesses anti-malarial properties, and is, consequently, serviceable in diseases of the skin, showing periodic symptoms, as intermittent urticaria, etc.; likewise, in patients with other skin diseases, who have been exposed to miasmatic influences.

13. Arsenic is certainly valuable in psoriasis, eczema, pemphigus, acne, and lichen in proper cases, and when due regard is paid to the secretory organs, and to diet and other elements of general health, of less certain value in lupus, ichthyosis, sycosis, verruca, and cancerous diseases. It is absolutely useless or harmful in the syphilo-dermata, the animal and vegetable parasitic diseases, in elephantiasis græcorum and arabum, in purpura, true prurigo, herpes zoster, scleroderma, molluscum contagiosum and fibrosum, keloid, nevus, etc.

14. The only local application of arsenic, which is justifiable, is either one where the strength is so weak, and the extent of its use so small, that there is no danger from absorption, which may occur when not expected, or one of such a strength as to kill adjoining tissue at once, and so prevent absorption.

INTRAVENOUS INJECTION OF MILK.

A SUBSTITUTE FOR TRANSFUSION.

[New York Medical Journal, May 1878.]

Dr. T. G. Thomas, in a paper with the above title, puts forward very elegant reasons why hope should not be aban-

done in the class of cases where transfusion of blood, although indicated, is impracticable, until the simple operative procedure of injecting milk into a vein has been tried. He gives first a short *resume* of the history of transfusion, and then shows that milk is not after all, so very different from blood, or from the chyle which is poured into the blood. He finds that Dr. Hodder, of Toronto, first resorted to the injection of milk in 1850, in three moribund cases of Asiatic cholera, and that two of them recovered. A year ago Dr. Howe, of New York, pursued the same course in a case of inanition accompanying tubercular disease, but without more than ephemeral success.

Without detailing Dr. T.'s cases, we will only say that he has employed the method in three cases. One made an excellent recovery, the second died of exhaustion, attending suppuration, and the third of prolonged interstitial hemorrhage. The life of the first was certainly saved, while a longer lease of life was given to the other two than they would have otherwise enjoyed.

Dr. T. alluded to the experiments of Dr. Howe, upon dogs, and accounted for his uniform failure on the ground that he had used milk which had stood for several hours; whereas it was most essential that the milk should be absolutely fresh. The author sums up these propositions:

1. injection of milk is feasible and safe.

2. Only milk removed from a healthy cow, and within a few minutes of its use, should be used. Decomposed milk is as dangerous as decomposed blood.

3. A glass furnished with a rubber tube attached, ending in a very small cannula, the whole scrupulously clean, is in every respect preferable to the more elaborate apparatus used in transfusion.

4. The whole proceeding is vastly more simple than transfusion, and offers positively no difficulties.

5. The injection of milk, like that of blood, is commonly followed by a chill,

and rapid rise of temperature; these symptoms, however, quickly subside, and improvement follows.

6. The measure is indicated not merely in cases prostrated by hemorrhage, but in disorders which greatly depreciate the blood, like cholera, pernicious anæmia, typhoid fever, and as a substitute for diseased blood.

7. Not more than eight ounces of milk should be injected at any one operation; this, however, may be repeated as occasion requires.

Any accessible vein may be selected; perhaps the cephalic is preferable.—*Chicago Med. Ec.*

WARNING AGAINST THE HYPODERMIC USE OF MORPHIA.

Dr. Levinstein, of Berlin, says, in his late work on the "Morphia Mania," (*morphiumsucht*), that it is generally caused by hypodermic injections of the drug, given by the medical attendant during illness, to relieve pain, and continued by the patients themselves after the actual need of it has disappeared, for the sake of the mental excitement it produces. The danger involved was not generally suspected during the first years of the use of the new means of administration, but the existence of the *Maison de Sante*, under the medical direction of the author, which is devoted to the cure of sufferers from this craving, shows how large its evil effects must already be. The sufferers feel quite well for a certain time, while using the narcotic, but before long, evident symptoms of disease appear. The patients become emaciated, the complexion ashy or dark red, the eyes lack lustre, and vision is often deranged; thirst, nausea, and loss of appetite, constipation, and the secretion of albumen by the kidneys, impotence, a form of delirium tremens different from that caused by alcoholic excesses, intermittent fever, and great derangement of the moral character, are among the morbid appearances produced.—*Medical and Surgical Reporter*.

ABSTRACTS AND GLEANINGS.

THE METRIC SYSTEM IN A NUT SHELL.

"Universality, Uniformity, Precision, Significance, Brevity, and Completeness. A system of weights and measures born of philosophy rather than of chance."

BY EDWARD WIGGLESWORTH, M.D.

WASHINGTON, May 3.—Surgeon-General Woodworth, of the United States Marine Hospital Service, has issued a circular, with the approval of Secretary Sherman, requiring medical officers of the Marine Hospital Service to make use hereafter, for all official, medical, and pharmaceutical purposes, of the metric system of weights and measures, which had already, under the act of July 28, 1866, been adopted by this service for the purveying of medical supplies."—*Boston Daily Advertiser*, May 4, 1878.

The metric system is already legalized in both America and England. The only question now is, which of the two, the most progressive or the most conservative nation on earth, shall be the first to definitely and finally adopt it as an exclusive system? [N. B.—England was 400 years behind the continent in adopting our present arithmetic.] Russia has already taken the preliminary steps towards its final adoption. The rest of the civilized world long since made the system obligatory, in whole or in part, except that, in Sweden alone, its obligatory use is to date from a period in the future, 1889.

Now, what is this metric system? Metric is from the Greek word, *metron*, a measure, spelled with Epsilon, e short, and, therefore, pronounced met-ric.

The meter (measure) is, practically, a fixed quantity, namely, the ten millionth part of the earth's quadrant from the equator to the north pole. With the meter, everything can be measured, for

it is itself the unit of length; a cube, the edge of which is the tenth of a meter, is the unit of capacity (liter), and the weight of a cube of rain water, at its extreme contraction, the edge of which cube is a hundredth of a meter, is the unit of weight (gram).

It is the gram alone which concerns physicians, for, in the metric system, everything is best prescribed and dispensed by weight alone—numbers upon a prescription paper being regarded by the pharmacist as representing grams, unless the contrary is expressly stated. The fractions are always decimal.

The table is easily learned. It consists of six words, as prefixes, whether we deal with grams, liters or meters. These are: deci for tenth, centi for hundredth, milli for thousandth; deka for ten, hekto for hundred, kilo for thousand. Having these few words, the terms of troy, avoirdupois, and apothecaries' weight, and of liquid measure, may be relegated to the limbo of pounds sterling, shillings, four-pence-halfpennies, and farthings. As we say dime, cent, mill, so we say decigram, centigram, milligram. These prefixes are Latin, and diminish the value. Dekka, hekto, and kilo are Greek, and increase the value. The mnemonic is G I L D, i. e., Greek increases, Latin decreases. Dekka occurs in the English word decade; hekto in hecatomb; kilo in chiliad.

"Being accustomed to the words mill, cent, and dime, we shall find the words milligram, centigram, and decigram quite as simple and easy to pronounce as our words pennyweight-troy, hundredweight-avoirdupois, scruple-apothecaries, etc., notwithstanding the assertion to the contrary of those who grieve to give up the short and sharp Anglo-Saxon words used in our present familiar old tables of weights and measures."

Practically, moreover, for physicians, the whole system is reduced to grams and centigrams, just as, in money, to dollars and cents. On the right side of the prescription paper, draw a perpendicular line from top to bottom. This decimal line takes the place of all the decimal points, and obviates the possibility of mistakes. This is the way dollars and cents are separated on business papers. Additional security is gained by writing the decimal fraction (centigrams) of half size, and raised above the line (of grams), since it represents a numerator of which the denominator, 100, is omitted. To make assurance doubly sure, "grams" may be written over the integer-column of figures, and, if wished, the word "decimal" over the decimal column.

Now, what is a gram? or rather the values, metrically expressed, of our present awkward weights?

	Prussian	Practical	Precise
Grain I =	0.06	0.06	0.065
Scruple I =	1.25	1.25	1.29
Drachm I =	3.75	4.0	3.89
Oz. I =	30.0	32.0	31.1

The "practical" table alone concerns us. The "Prussian" (by order of the Prussian Ministry, Aug. 29, 1867) is given merely to show that our table is even nearer the actual truth than one which has been proved by actual experience to answer every purpose. The values of the grain and scruple are a little too small. As they are used for powerful drugs this is an error in the right direction. The values of the drachm and ounce are a trifle too large, but the proportions and therefore the ratio of drug to vehicle are preserved.

A prescription written metrically is always proportionate, and whether the pharmacist uses pennyweights, pounds, or tons; gills, pecks, or chaldrons; pints, gallons, or hogsheds, the ratios are preserved, and a teaspoon dose contains the same amount of medicine.

As regards administration, a teaspoon represents five grams; a tablespoon twenty grams; for a teaspoon holds one and

one-third fluid drachms, a tablespoon a trifle more than four times as much.

In the metric system *everything is weighed*, thus obviating the difficulties of evaporation, refraction and adhesion, and obtaining more conveniently, more exact results. In our old "systemless system" some fluids were measured. How shall we obtain with weights, the desired bulks of fluids with varying weights? Must we learn the specific gravity of all fluids?

Not at all!

1. Fixed oils, honey, liquid acids and chloroform, must at present be prescribed in our old weights, not measures, according to the pharmacopœia. Here change old weights to metric ones.

2. Not enough chloroform or ether is included in any one prescription to admit of harm arising from the amount contained in a single dose, even were their weights regarded as the same with that of water. Moreover, it is not difficult to remember that ether weighs seven-tenths as much as water, chloroform twice as much as ether.

3. There remain infusions and tinctures, glycerines and syrups. These four are used in bulk as doses, or as solvents or vehicles. The former two may be regarded as identical in weight with water; the latter two as one-third heavier; and when prescribing these we need merely write, by weight, four-thirds as much as we should write for were we prescribing water, and we obtain an equal bulk. the teaspoon or tablespoon dose will then contain the desired amount of the drugs employed.

Or, simplest of all, we can make any mixture up to any desired bulk by merely directing the druggist to use enough of the vehicle to bring the whole mixture up to the requisite weight for that bulk.

The Metric Bureau, 32 Hawley street, Boston, will furnish metric prescription-blanks to order, to druggists or physicians at four-fifths printer's rates, or any blank can be made sufficiently metric by a perpendicular line at the right, headed *Grams*.

DISEASES OF THE EYE.

From the nature and condition of the different organs that enter into the formation of the eye, it is utterly impossible for any one nostrum to meet all the requirements of the various diseases. Even the same disease may require a change of treatment.

There are some diseases of the eye, during the course of which it is absolutely necessary for the patient to be under daily observation. But a great many people suffering from chronic conjunctivitis or granulated eye-lids, can be examined occasionally, and remain at home the rest of the time. We do not make this statement as a mere hypothesis, but speak from experience.

CASE I — CHRONIC CONJUNCTIVITIS.

John Hale, æt., 28. Has never had any ophthalmic trouble previous to the present attack. About a year ago he noticed that when the wind blew into the right eye, it felt weak and would weep freely. This did not give him very much trouble at first, but later he noticed that the weeping became more marked, so much so at times he had to protect it with his hand, or keep it closed. He did not have any pain in it, neither did the light produce any unpleasantness, but simply the inconvenience and annoyance from the free secretion of tears. A few weeks later he noticed a small amount of muco-purulent matter at the inner corner of the eye, of a morning. He did not have any uncomfortable sensation in or about the eye, such as grit or fine sand under the lids. A few of the veins in the ocular conjunctiva were dilated. On everting the upper lid it was found that the inflammation was confined to that portion of the conjunctiva that corresponds to the upper margin and extremities of the tarsus. On the lower lid the inflammation was general, involving the entire conjunctiva.

The treatment in this case began with the usual astringent remedies used for conjunctivitis. This might have been all that was required, but in the majority

of cases of chronic trouble, there is more or less debility of the constitution. In addition to the above he received constitutional treatment consisting of the chalybeate and bark preparations. Ferrum dialysatum is very good given in fifteen drop doses three times a day, after meals. Upon this course he made a good recovery, and has had no trouble with his eyes since.

CASE II. CHRONIC GRANULAR EYELIDS.

Clave Jones, æt. 33, German. Has been troubled with sore eyes for twelve years. Does not know any particular cause, but thinks it came from exposure during a rainy season. The trouble began as an ordinary "cold in the eyes." At first there was considerable redness and the eyes would weep freely when exposed to sunlight. This however passed off to a great extent in a few days, so that he did not consider it necessary to have them treated. He expected, that as they had improved so much during the first few days, that they would continue and be well in a short time. But there remained a small amount of matter at the corner of the lids. At first this was not larger in size than a pin's head, but in the course of a few weeks it increased to twice and three times that amount. His eyes, up to this time, had not pained him, but now they felt as if there was fine sand or grit under the lids. This was noticed first of mornings and would disappear as soon as he bathed them in cold water, and would feel first-rate the rest of the day. The next morning however, they would be in the same condition, until after the cold water had been used. If he was in the wind they would feel weak, and the tears would gather so fast that it affected his vision. After a while the light began to be painful, and he had to use eye-goggles. This last resort appeared to ease them for a while, but he soon found that his sight was failing. The scratching sensation under the lids was present during the entire day. When he kept his eyes closed and perfectly at rest he did not notice it. He used different kinds of eye lotions and was prescrib-

ed for by a number of physicians but received only temporary benefit. For the past three years he has done nothing for them, and had given up all hopes of the right eye.

The conjunctivæ of the lids were reddened and inflamed and presented a velvety appearance, in some places it was tendinous. The cornea of the right eye looked like a nebulous mass streaked with bloodvessels. There were a number of ulcers on the cornea. Light was very painful. Vision was very poor in this eye as he could only count fingers at a distance of six inches. Vision in the left eye was $\frac{10}{60}$. The lids were not contracted, and there did not appear to be any undue pressure upon the globe. The operation of syndectomy had been performed upon the right eye with no apparent benefit.

The treatment in this case was both constitutional and local. The first, I think as important in this case as the second, consisted of the following:

R	Quin. sulph.,	gr.	ss.
	Ferri redact,	gr.	j.
	Ext. tarax.,	gr.	ss.
	Pic. liq.,	gr.	j. M.

Ft. pill.—Sig.: one after meals.

The local treatment consisted in the use of atropine and the mild astringents. The eyes were protected from the light with a shade. As he was a great smoker he was advised to indulge as little as possible, and to have the eyes well protected at such times. Smoking being an irritant is injurious to an inflamed eye. Atropine was used daily. Bathing the eyes in a solution of sulphate of zinc is very good in some cases and had a very good effect in this one. Under this treatment the eyes made a good recovery. Caustics were not used in any manner, as he had been through one or two courses of such treatment. He stated that one physician to whom he applied, used a solution that felt like live fire coals in the eye, the pain produced being almost intolerable.—*Lancet and Observer.*

ARM PRESENTATIONS.

Meadows, in his *Manual of Midwifery*, says, under the heading of "Presentation of the Upper Extremity," that little time should be lost in trying questionable expedients, for there is no better way known than to "turn and deliver by the feet." I believe this is an old axiom, and it is easily remembered. It may not be easy to call to mind every rule in an undetermined case, for arm presentations do not occur often enough to keep us familiar with every feature of the complication. It is not hard to tell, by the thumb, the fingers, and the palm, which extremity—the right or the left—is presenting, and then the problem is not exceedingly blind to determine which foot is to be grasped first in order to facilitate delivery.

Right here I venture to say that not one practitioner in a hundred knows just what to do in a complicated labor, unless he has had some experience with obstetric troubles. In most instances, labor is so simple and easy that the obstetrician is lulled into a state of mental security, which may prove disastrous to his reputation some pleasant day.

Presentation of the upper extremity occurs once in about two hundred and fifty labors; hence, a physician may go through many years of active practice and not meet with an arm presentation, and the first case may come quite early in professional experience.

Recently, I asked a physician, of fifteen years' practice, what was the extent of his obstetrical business. He replied that, during the first five years of professional duties, he had forty cases of midwifery. During the succeeding five years, he had sixty cases, and during the last five years, he had had one hundred cases. I then asked him if he had ever met with an arm presentation, and he said that he had not. Now, said I, your chance for trouble is near at hand; you have had two hundred cases of labor, and no arm presentation. An upper extremity pre-entation occurs once in less than two hundred and fifty cases. Ac-

according to the law of averages, your chance is impending. The doctor replied that if that be true, it is high time I was "reading up" on the subject. Within a week of that conversation, I received a note from him, one night, saying, "Come to my assistance; that arm presentation has got along."

When the right hand of the child presents, the right hand of the operator is to be introduced into the uterus, and the left foot of the child seized; if one foot can be determined from the other; and it may be stated, in this connection, that when the left hand of the child presents, the left hand of the operator is employed to seize the right foot of the child. In either case, gentle traction upon the foot causes change in the child's attitude, the nates descending and the head and shoulders rising, so that the presenting arm disappears within the cavity of the uterus. If the proper foot be seized and pulled upon, the body of the child turns so easily and gently that no violence is done to it; but if the wrong foot be grasped, the effort of dragging downward may injure the child's limb or its back.

The mother should be under the influence of an anæsthetic, and the operator should be deliberate and resolute. In a difficult and tedious case, the united efforts of two or three physicians may be required.—*Ec. Med. Jour.*

URETHRAL STRICTURE.

The discussion of stricture, and the relative merits of the different modes of treatment, whether by dilatation, divulsion or internal urethrotomy, will always insure a large audience in this city, where urethrologists are numerous and occupy no very friendly attitude toward each other. Dr. S. W. Gross, of Philadelphia, came over by invitation to let us know what they are doing in this direction in the "City of Brotherly Love."

He extols internal urethrotomy as superior to dilatation or any other method for all strictures in the penile portion of the urethra; but for deep-seated stricture

in the perineal or prostatic portion, he prefers divulsion. He acknowledges the influence of strictures of large calibre (slight contractions) in causing serious local and remote troubles. Does not think it necessary to incise the meatus in every case of contraction. Admits that nearly all strictures are located in the penile urethra, and says that many deep-seated spasmodic strictures, due to the existence of trouble located anteriorly, and treated as organic strictures by dilatation year after year, and that they would disappear immediately if the anterior trouble were only removed.

Dilatation only never cures stricture; it may be conducted for many years, but never results better than in giving a bougie to the patient to be used for the balance of his life.

Dr. Gouley put himself on record, with characteristic eloquence, against meatomy and internal urethrotomy. He always uses dilatation or divulsion. He thinks urethrotomy a crime, and that the inventors of urethrotomes ought to be killed. When we recall Dr. G.'s excellent instrument, a sense of relief comes up to us that he has not yet expiated his own offense in that respect, for this gentleman, who has made external perineal urethrotomy what it is, and has given us the tunneled sound, cannot be spared from the sphere in which he has made such a brilliant record.

Dr. Otis recited briefly his experience in over 600 urethrotomes made with his dilating urethrotomer. Holding that the urethra is nearly uniform in diameter throughout, he looks upon any encroachment upon its calibre as constituting a morbid condition which ought to be removed. Condemned dilatation as useless, because it never cures; thinks divulsion may be applicable to some cases of deep-seated stricture when hemorrhage is feared; has never had a death from hemorrhage, or, indeed, from any complication, except extensive vesical or renal trouble, and these are limited to two or three cases, which were operated upon as a *dernier ressort*. With the use

of his perineal tourniquet, he regards the danger of hemorrhage in any case as reduced to so minute a probability as to scarcely be taken into account. Has seen a great number of spasmodic strictures in the deep urethra disappear instantly upon the relief of a contracted meatus, or upon incising a stricture of large calibre located in the penile urethra. Many of these had been treated, before coming under his observation, by dilatation, divulsion, and cutting, under the belief that organic stricture existed. In this way, the treatment of stricture had had much obloquy brought upon it. All cases of gleet depend upon the presence of a stricture at some point in the urethral course, which, by offering impediment to the flow of urine (it may be inappreciable), or by disturbing the muscular rhythm, prevents the perfect expulsion of urine, and even if minute quantities be retained, it acts as an irritant, setting up local morbid action, which may extend deep into some of the follicles, and even into the submucous tissue, with the effect of maintaining the discharge, which invariably baffles all medication. Given a case of gleet the proper course to pursue first is to search for a stricture, which will invariably be found; it may be an apparently trivial one, showing but a slight reduction (1-25th to 1-10th of an inch) below the normal calibre of the canal, too small, indeed, to offer any noticeable obstruction to micturition; but quite enough to set up the train of symptoms which constitute gleet, or still more serious results.

No ordinary steel bougie or sound can discover these strictures of large calibre; resort must be had to Otis' olive-shaped bulb, which locates them with the utmost accuracy. Of course, the meatus must be incised if it is not equal to the urethral calibre; otherwise, no instrument can be introduced which will be sufficiently large to render appreciable any encroachments upon the urethral canal. The removal of the stricture always cures the gleet.—*N. C. Medical Journal.*

INJURIES OF THE HEAD.

JOHN ERIC ERICHSEN, F. R. S., IN LONDON LANCET.

GENTLEMEN,—I wish to direct your attention to a peculiar class of cases, which is amongst the most interesting or those that are connected with injuries of the head, both in the peculiarity of the symptoms and the accuracy with which the diagnosis can be made, and in which you can give absolute relief to the patient—I mean those cases in which there is an extravasation of blood between the skull and dura mater. They are a class of cases that engaged the attention of surgeons very many years ago. This subject attracted the attention of, and was very closely investigated by, surgeons of a past generation. You will find that we have really at the present day been able to add very little to the information that can be obtained from the memoirs of the French Academy of Surgery and the writings of Pott, Abernethy, and Sir Charles Bell. You will find in their writings much valuable information on all subjects connected with head injuries, and I cannot but fear that the study of the works of these great surgeons is too much neglected at the present time. But before I proceed to discuss these extravasations, let me relate a few cases which are interesting, amongst other reasons as showing what very slight injury may occasion a fatal extravasation.

Some years ago a little girl was going down stairs with her mother to dinner. She said, "I will go first, mamma," and started to run down stairs, but she missed her footing and fell forward. Striking her head slightly against the wall, she felt a little dazed at the time, but went to her dinner, ate it, and afterwards felt slightly sick. She was sent to bed, slept soundly, and was dead next morning. There was a clot found between the dura mater and the skull on the side of the head that had been struck, but without any fracture.

Many years ago I was called to see a lady who had come up to town for a few

days to amuse herself. She went to the opera, and in going down the stairs caught her foot in the train of a lady's dress. She fell forward and struck her head slightly against the opposite wall. She felt a little giddy, and said that she would not go into the theatre, that she would return home. She went to bed, fell asleep, and about ten in the morning, when the maid came to wake her, she found her so fast asleep that she did not like to disturb her; but about twelve o'clock the friends got alarmed, and they sent for a neighboring medical man, and he came for me. I found her comatose, suffering from compression of the brain, and went home to get my trephines, but when I came back she was dead. A post-mortem examination was made, and we found a clot of blood the size of a small saucer on the side that was struck, between the skull and dura mater over the course of the middle meningeal artery, but without any fracture of the skull.

Some years ago a cabman was thrown off his box, and he became slowly comatose. Three days after the accident he was brought to the hospital. When I saw him he was suffering from a profound coma, and there was some paralysis of the side opposite to that on which he had been struck. I cut down upon the skull, and found a starred fracture in the right temporal bone. I trephined him, and found a large clot of blood under the bone. Some blood welled out rather freely, evidently from the middle meningeal artery. The flaps of scalp were laid down, and he made a very good recovery.

The explanation of these cases given by Sir Charles Bell many years ago showed experimentally how these extravasations are occasioned. He took a wooden mallet and struck a forcible blow upon the side of the head of a dead body in the dead-house. On removing the skull-cap he found that the dura mater was detached from the seat of the blow, although there was no fracture. He went further than this; he made the same experiment upon another subject,

and after having made it he injected it with soft size. He injected this into the arteries, and found, after the size had been allowed to cool, that it had become extravasated, and had formed a large clot between the dura mater and the skull. There you get the exact condition of things that we meet with in the wards and operating theatre—namely, a separation between the dura mater and the skull, and an extravasation of blood between the dura mater and skull where they are separated. From these interesting observations it would appear that there are two distinct sources of hæmorrhage between the dura mater and skull. In the first case the middle meningeal artery is torn across by a fracture traveling across the anterior inferior angle of the parietal bone; and in the second case, in which the artery is not torn, but an accumulation takes place from the smaller branches that get torn at the time the shaking occurs which separates the dura mater from the skull, and which allows oozing to go on, and produces a slow supervention of coma—what you may call "surgical apoplexy." It has been supposed that the separation between the dura mater and skull was effected by the impulse of blood driven out from the torn middle meningeal artery which pushes away the dura mater from its connexions with the skull, and as it pushes away the dura mater the cavity so formed is filled with blood. Sir Charles Bell conclusively proved, by the experiment to which I have referred, that separation of the dura mater was the primary condition; and there can, I think, be little doubt that the detachment of the dura mater is the result of the blow on the head, and the filling is the consequence of that detachment, and that it could not take place if the detachment had previously occurred. The vacant place gradually gets filled up with blood, more rapidly if the trunk of the middle meningeal artery be torn across, when it will become full in the course of half or three-quarters of an hour after the accident. When the main trunk escapes,

and it is only the terminal branches that get torn, you get that set of cases in which the accumulation of blood goes on much more slowly, and only compresses the brain to such an extent as to give rise to coma in the course of several hours.

THE MEDICAL TREATMENT OF CHILDREN.

According to Dr. Eustace Smith, of London, the alkalies are remedies of singular value in the medical treatment of young children. In all children, especially in infants, there is constant tendency to an acid fermentation of their food. This arises partly from the nature of their diet, into which milk and farinaceous matters enter so largely; partly from the peculiar activity of their mucous glands, which pour out an alkaline secretion in such large quantities. An excess of farinaceous food, therefore, soon begins to ferment, and an acid is generated, which stimulates the mucous membrane to further secretion. In all chronic diseases, and in many of the acute disorders, this sour condition of the stomach and bowels is present. Alkalies are therefore useful—firstly, in neutralizing the acid products of this fermentation; and, secondly, in checking the too abundant secretion from the mucous glands. A few grains of soda or potash, given an hour or two after taking food, will quickly remedy this derangement and remove the distressing symptoms which arise from it. In the chronic diseases, indeed, attention to this point is of especial importance; for by placing the stomach and bowels in a healthy state, and insuring a proper digestion of food, we put the child in a fair way of recovery, and prepare the way for the administration of tonic and strengthening medicines, by which his restoration to health is to be brought about.

In prescribing for infants, an aromatic should always be included in the mixture. The aromatics are useful, not only for their flavoring properties, but also for their value in all those cases of abdominal derangement where flatulence,

pain, and spasm, resulting from vitiated secretions and undigested food, are present to increase the discomfort of the patient. Such dyspeptic phenomena are usually relieved rapidly by the use of these agents; and aniseed, cinnamon, caraway-seed, or even tincture of capicum in minute doses, will be found important additions to the prescription in all cases where alkalies are required.

In prescribing for children, the proper dose of a medicine cannot always be calculated according to the age of the child, and does not in all cases bear the same proportion to the quantity suitable for an adult. For certain drugs, children show a remarkable tolerance, while to the action of others they show as remarkable a susceptibility. Thus, opium, it is well known, acts upon a child more powerfully than would be expected, judging from the mere difference of age. It should therefore be given to infants with a certain caution, especially if the child be enfeebled by disease. It is, however, a medicine which is of especial value in the treatment of the diseases of infancy, and may be given without fear if care be taken not to repeat the dose too frequently. Belladonna, on the contrary can be taken by children in larger quantities. A child of two or three years will bear without inconvenience a dose which in an adult might produce very uncomfortable symptoms. It is important to remember this in giving belladonna for its sedative effects, as in whooping-cough. Lobelia, again, is a remedy which is very well borne by children. Dr. Ringer has given it to "very young children," in doses of five minims every hour, and in no case has he noticed any ill effects to follow its administration. Arsenic should be given to children over five years of age in the same dose as that used for adults, and infants a month or two old will take one drop of Fowler's solution three times a day with great benefit in case of gastric catarrh. The influence of mercury upon young children deserves remark. It seldom in them produces stomatitis or

salivation; but an excess of the drug is not therefore harmless: its influence is seen in the irritation of the alimentary canal, which it so often excites, and in the profound anemia which it induces.—*Exchange.*

VARICOCELE TREATED BY SUBCUTANEOUS LIGATION.

Here is a patient with varicocele. I shall perform an operation for ligation. I prefer, as a rule, to ligate, in cases of varicocele, with wire, but here shall use a silk ligature. Some of the veins are subcutaneous. I enter the scrotum, pass through behind the vessels [this manoeuvre is illustrated with a handkerchief and the finger], and bring the ligature out. Re-entering at the point of exit, I let the needle traverse the tissue superficially, and bring it out at the opening of entrance, thus surrounding the vessels subcutaneously. You see here a loop of the ligature on the side of the first exit; I pull it in and have the veins secured. Then I tighten it and put the threads through this disk of metal, and wrap each end of thread around a separate little post on the disk, and then tighten the ligature from day to day, by tightening the threads on the posts alternately. Here is a very large varicocele on the left side of the scrotum. It is very unusual to find it on the right side. Patients do not suffer in proportion to the number of veins, but in proportion to the size to which they are dilated. This is an exceedingly simple operation.

The veins must be separated from all the surrounding structures. The vast deferens feels like a hard cord, and it is easily felt. If you pinch it the patient will soon let you know that it is the vas deferens. Press it to one side, out of reach. I take up the skin, and pass the needle through the tissues; and now I have traversed the scrotum, and the ligature is behind the veins. There are two points, one of exit and one of entrance. The looseness of the skin allows me to approximate the openings, and I reenter the needle, the ligature being

carried subcutaneously, and bring it out at the original entrance. I know, therefore, that I have the veins in the ligature. I do not tie the ends with a hard knot, as is often done, but I pull them tight, pass the ends through the hole in the disk, and fasten one to each post. On the day after to-morrow I shall tighten the ligature by drawing on one end of the threads; then, on the day after, I shall draw on the other end, and so on until the ligature eats its way out. The patient will be kept in the recumbent position and treated on general principles. Dr. Lewis in Pennsylvania Hospital.—*Medical and Surgical Reporter.*

TREATMENT OF PNEUMONIA.

At this season of the year, when pneumonia frequently occurs, and is in some places prevalent, I wish to call the attention of those members of the profession who are not in the habit of using it, to a remedy which has frequently been recommended in medical journals, though but casually spoken of in many text books; I allude to the drug, carbonate of ammonia.

Many persons, on reading an article like this, conclude it "some fellow's brain fancy," or one's "vaunted panacea;" such, I think, is not the case here; infallibility in drugs, as well as most other things, I have long since abandoned hope of finding (excuse digression); but have found, in treating pneumonia, the drug in question a valuable internal stimulant and detergent remedy. Some may desire to know more fully how and when it is to be used; I answer by giving, briefly as possible, my general mode of treating pneumonia as it usually occurs: commencing at the crepitating stage, I apply emp. epis., over crackling surface, followed, after vesicating, with warm meal poultices; see that the bowels are sufficiently open, often using for that purpose calomel, in ten grain doses, with or without an anodyne, to be followed in eight or ten hours with castor oil or magnesia; then the following or similar combination, which generally renders the

expectoration more copious and mucous in character, lowers the pulse and produces gentle diaphoresis:—

R. Ammonia carbonatis, dr iij
 Aquas. oz ij
 Solve et add.,
 Tinct. opii camp.,
 Spt. ætheris nit., oz j
 Liq. ammo. acetatis, oz iv. M.

Sig.—Dessertspoonful every three hours, in half wineglass or more of water.

Possibly a two-grain quinine pill midway between each or every second dose of solution, with pulv. ipecac. et opium at night, if required, in sufficient dose to quiet cough and produce or promote sleep. This treatment in adult cases, varied according to circumstances, I generally find sufficient; but should the disease advance, the pulse become extremely feeble and rapid, the countenance palid, with cold sweat upon the skin; in short, a supervention of that stage closely bordering on disintegration of tissue, then my chief reliance is upon this preparation of ammonia, conjoined with brandy or wine whey, pushing it (if the stomach will tolerate) to scruple or half-drachm doses, well diluted every hour or two; and I think I have, by its persevering use, seen the wrestling Jacob changed to prevailing Israel.—*Medical and Surgical Reporter*.

THE PROPHYLACTIC TREATMENT OF PLACENTA PRÆVIA.

The American supplement of the *Obstetrical Journal of Great Britain and Ireland* for May contains a summary of a very interesting article by Dr. T. Gailard Thomas on the Prophylactic Treatment of Placenta Prævia. The article is published in the *American Practitioner* for May. Dr. Thomas gives the particulars of eleven cases of this unpleasant complication. The results were very satisfactory. Only one of the mothers died, and seven of the eleven children were born alive. Dr. Churchill says that under ordinary management one in three, or thereabouts, of the mothers die, and more than half of the children are

lost. The essential feature of Dr. Thomas's practice was the induction of premature labour. In eight of the eleven cases the chief agent in inducing premature labour was the use of Barnes's bags. The placenta was not in all cases to be felt, but where the natural indications of its presence existed Dr. Thomas acted as though he felt it. He did not in all cases act with haste, or on the first occasion of hæmorrhage, but generally, as soon as he was satisfied that the placenta presented some proof that the further loss of blood was dangerous, he recommended the induction of labor. We believe that there would be a general concurrence of opinion on this subject now. Once satisfied that a case is one of placenta prævia, it is desirable, in the interest both, of the mother and of the child, to watch it very closely, and before the patient becomes exsanguine, to proceed to induce labour. Dr. Barnes's judgment on this point will be generally accepted—"If the pregnancy has advanced beyond the seventh month, it will, as a general rule, I think, be wise to proceed to deliver, for the next hæmorrhage may be fatal. We cannot foretell the time nor the extent of its occurrence, and when it occurs, all, perhaps, that we shall have the opportunity of doing will be to regret that we did not act when we had the chance." In several of Dr. Thomas's cases, to expedite delivery, version was practised, generally by the bimanual method. In one, Barnes's bag, impinging on the presenting heads, caused the child to revolve in the liquor amnii till the breech presented. We notice that in most of the cases before version and delivery were performed the patient was anæsthetised, generally with ether. In the one fatal case the patient had had hæmorrhages during the seventh and eighth month. She came under Dr. Thomas's care at the end of the eighth month. She was carefully watched for Dr. Thomas by Dr. C. S. Ward for a week, "as decided hæmorrhage recurred," premature labor was decided on. The bags were used, and a female catheter

was introduced into the uterus. Pains came on in three or four hours, and the patient was delivered of a vigorous male child; but in forty-eight hours puerperal septicæmia came on and proved fatal. Perhaps a better result, even in this case, would have followed earlier induction of labour. One month after, the lady's sister, in the same house, attended by Dr. Sands, after a perfectly natural labour, died of puerperal fever.—*London Lancet*.

MATE OR PARAGUAY TEA.

Pharmaceutical Preparations.—The following preparations of mate are suggested: The simple infusion which is the form in which it is always used in South America; a solid extract prepared with alcohol of sp. grav. '822, and a fluid extract prepared with alcohol of sp. grav. '941, in such proportion that when finished its weight will be equal to the weight of mate used in its preparation. A considerable quantity of fluid extract prepared by this formula has been used in debility and in various derangements of the nervous system, generally with satisfactory results.

The reputed therapeutical properties of mate have been fully stated in a number of heretofore published papers, some attributing the most deleterious effects to its continued use, and others lauding it to the utmost limit of credibility, almost equalling the marvelous statements made of the action of the somewhat similar substance, Coca. In regard to mate, however, the writer is fully convinced that it does really possess properties which render it worthy of careful therapeutical investigation.

The thorough desiccation it undergoes in its preparation, and the compact and hermetical character of the packages in which it is contained, tend greatly to the preservation of whatever virtues it may have originally possessed.—*American Journal of Pharmacy*.

THE MICROPHONE IN MEDICINE.

We find on the one hand Dr. Rich-

ardson of London, examining and noting the heart-and-lung sounds with the aid of the microphone, and, on the other, Sir Henry Thompson lecturing on the use of the microphone in searching for stone and in probing for bullets or for diseased bone. When we remember that by means of this instrument the crawling of a fly over a piece of gauze may be rendered as audible as the tramp of an army, or its breathing as distinct as the bellowing of the leviathan, we can already look forward to treatises on the sounds of inflammation and the rhythm of fevers; the harmonies of health and the disorders of disease will no longer be fanciful similes, but scientific facts, and the poet's assertion that "there is in souls a sympathy with sounds" will be philosophically verified.—*Medical Times*.

NEW PLAN OF TYING KNOTS IN SURGICAL OPERATIONS.

Dr. Ewell, Jr., in *Virginia Medical Monthly* says:

I have been much annoyed in tying ligatures and sutures by the first part of the knot slipping while I was tying the second part.

To remedy this we commonly press upon the first part of the knot with the finger or probe, or hold it with a pair of forceps while we form and secure the second part. But this requires the aid of an assistant, who is not always on hand; besides, I think a surgeon should not require help in so simple an operation as tying a knot. I find that if, when making the first part of the knot, I pass one cord under the other *two or three times* instead of *only once*, this, the first part of my knot, will not slip while I am making the second part. To this may be added a third part to make it more secure.

I have never seen any mention of this plan in surgical works, and if such exists I am ignorant of it. As I have never seen this method used, except when I advise it, I think it might be new to some of the readers of the *Virginia Medical Monthly*. A knowledge of these

little points go far to make up the neat operator, and it is of special comfort to the country practitioner so frequently alone at his operations.

BROMIDE OF ARSENIC IN THE TREATMENT OF NERVOUS DISEASES.

Clemens (Allg. Med. Cent. Zeitung) states that he has obtained astonishing results with bromide of arsenic in the treatment of diseases of the nervous system, and especially epilepsy. The following is the formula which he thinks should replace Fowler's solution:

R Pulv. arsenic alb. } aa oz i;
Potass. carb. }
Coque cum aq. dest. lb. ss;
Ad solut. perfect; aq. evaporat. adde—
Aq. dest. oz xij;
Brom. pur. dr ii.

Refrigerat. Of this he gives one or two drops in a glass of water once or twice daily. This dosage may be continued for months, or even years, without producing any unpleasant effects. In only two cases of epilepsy did he effect a complete cure, but in all the cases marked relief was obtained. In connection with the bromide of arsenic an almost exclusively meat-diet is advised. The patients should be as much as possible in the open air. Unlike the bromide of potassium, the arsenical salt does not require to be given in increasing doses, and, instead of interfering with digestion, improves the nutrition and strength.—*The Doctor*.

DATURIA AS A MYDRIATIC.

Jobert (de Lamballe) proposed, as early as 1861, to substitute daturia for atropia as a mydriatic, and an analysis of his work was published in the *Bull. Gen. de Therap.*, Vol. lxii. His conclusions in reference to its properties were: 1. Daturia is three times as active as atropia and its salts; therefore, its dose should be only a third as great as that of the preparation of atropia. 2. When introduced between the lids, it does not cause the pain and confusion of vision which attend the similar use of bella-

donna. 3. The effects of daturia are more constant than those of belladonna, and its action persists for a longer time than that of the latter.—*Bull. Gen. de Therap.*

ACTION OF STRYCHNIA ON THE EYE.

Dr. Hippel says that he has found, by personal experience, that, when given in doses of two to four milligrammes, strychnia produces the following effects, namely: 1. Increased peripheric sensibility for blue. 2. Temporary increase of visual power. 3. More distinct perception of peripheric points. 4. Lasting enlargement of the field of vision. He believes that the effect on the optic nerve is the same as that attributed to continuous electric currents on other nerves.—*New Remedies*.

MURIATE OF AMMONIA FOR THE HYDROCELE OF INFANTS.

Saint Germain believes that it is not advisable to subject an infant, with hydrocele, to even the simplest operation, until a trial has been made of a saturated solution of muriate of ammonia. Compresses dipped in such a solution should be applied. Sometimes an erythema, even slight vesication may be caused, but the part may be covered with powder, and the cure is not retarded.—*Am. Practitioner*.

POST PARTUM HEMORRHAGE—NEW METHOD OF USING PEROCHLORIDE OF IRON.

Dr. James Brisbane (London *Lancet*), in cases of post partum hemorrhage, applies to the bleeding surface of the uterus a sponge soaked with tincture of iron. The blood coagulates, the uterus contracts, and the patient is out of immediate danger. At the following visit, the sponge is found in the vagina. All the apparatus needed is a two-ounce vial of tincture of iron and a sponge. In all the cases thus treated—four—the results were all that could be desired.—*Maryland Med. Jour.*

PRACTICAL NOTES AND FORMULÆ.

HOW SHALL QUINIA BE DISPENSED?

This has been the source of more than one difficulty for druggists and physicians, owing to the neglect of a great number of prescribers to mention the exact way in which they wish it dispensed. A short time ago, I received the following prescription:

R.—Quinise sulphatis.....dr. i.
Syrupi simplicis,

Aquæ fontanæ, aa.....f. oz. ii.

Misce. S. A teaspoonful three times daily.

I compounded the prescription as it was written, without the addition of aromatic sulphuric acid. It was subsequently returned to me, with a note from the physician, inquiring why I did not add the acid. I replied that I only add it when mentioned, as I had added it on several occasions where it was not mentioned, and in two cases out of three, it was not wanted.

It is a general custom of pharmacists, in this country, to add this acid. I think this practice may be greatly improved by substituting for the acid such liquids as will keep the quinia in suspension and disguise its nauseous taste, fluid extract of licorice or glycerine, for instance. Thus the irritation of the stomach, produced by the elixir of vitriol, would be avoided, and a pleasant and palatable mixture would be formed. In the above prescription, I would substitute glycerine for the simple syrup, as follows:

R.—Sulphate of quinia,.....dr. i.
Glycerine,

Water, of each.....2 fl. ounces.

which, I think, would greatly improve it. The best way to give quinia is, doubtless, in the form of freshly-made pills, but as many druggists keep a supply of them, it is sometimes very doubtful which is the most reliable form for

obtaining speedy results.—*Charles J. Engel, in Drug Circular.*

REMARKS ON OFFICIAL SYRUPS.

To make the syrups of ipecac, rhubarb, senega, wild cherry, etc., dilute the fluid extract of the corresponding drug with water, filter and dissolve in the filtrate the sugar. For instance, take of:

Fluid extract of ipecac.....2 fl. ounces.

Distilled water.....14 “

Sugar.....24 “

Mix the fluid extract with the water, let it stand for half an hour, mix with a small block of magnesia, and filter. In the filtered liquid, dissolve the sugar with a gentle heat; add enough water to make a quart of syrup, and strain.

The result of this working formula is a nice, clear syrup that will not precipitate after months' standing, never ferment, even during the hot season, provided it be made with good crushed sugar. To avoid fermentation as much as possible, I fill the syrup of ipecac, for which there is not so much demand in summer, in six or eight-ounce vials; keep them in the cellar, and fill the shelf bottles whenever needed.

Thorough cleansing of the shelf bottles, and rinsing with alcohol before filling them, is also of great importance, and insures the good condition of syrups.—*Drug Circular.*

M'CALL'S ANTI-DYSPEPTIC POWDER.

Below I give a receipt, gotten up by my preceptor, Dr. J. W. McCall, of Huntingdon, Tenn., and used successfully for many years in the treatment of nearly all forms of indigestion. I can attest to its sterling qualities myself in the treatment of indigestion, having given the prescription a thorough trial. I

give it the name of McCall's Anti-dyspeptic Powder:

R.—Sub-nitrate bismuth.....grs. 200
Saccharum album.,grs. 100
Lactate soda.....grs. 20
Nucia. vomica (pulv.).....grs. 10

Mix well. Dose, three to five grains three times a day just before eating.

Place the medicine on the tongue dry and swallow with little water.—*Dr. Roe, in Brief.*

APTHOUS ULCERATION.

For the little superficial, but exceedingly sensitive ulcers that frequently appear under the tongue, and elsewhere on the mucous membrane of the mouth, touch the sores with the nitrate of silver, and if the tongue is furred, give five or ten grains of chalk and mercury, followed by a gentle aperient, and use, as a mouth wash, a saturated solution of the chlorate of potash, or use the following:

R.—Camphor water.....oz. iv.
Glycerine.....oz. ii.
Tannic acid.....gr. x.
Carbolic acid... ..gtt. v.

M.

In young children, a little of the following powder, sprinkled upon the tongue every two or three hours, will be found an efficient remedy:

R.—Borax.....1 part.
Loaf sugar.....3 parts.

Mix.

STRYCHNIA AND DOGS.

A writer in *Med. Brief* says: My terrier got a dose of strychnine, and soon had violent convulsions. When I got to him, he was rigid, and actually seemed to be dying. With the hypodermic syringe, I injected thirty minims of chloroform in the nape of the neck, and in ten minutes, injected the syringe full of saturated solution of bromide of potassium. Sufficient to say that he was in the yard barking in two hours.

DANGEROUS HYDRARGYRUM CUM CRETA.

A writer in *Amer. Jour. Pharm.* draws

attention to the fact that hydrargyrum cum creta may be converted, by long keeping in contact with the atmosphere, into the red oxide of mercury, a poisonous preparation. Only fresh or well-kept preparations of this medicine should be used.

SIMPLE ELIXIR.

R.—Oil of orange.....dr. i.
Oil cinnamon.....gtt. x
Oil anise.....gtt. v.
Oil butter almonds.....gtt. ii.
Tinct. cardamon com.....dr. x.
Alcoholpints ii.

Dissolve the oils in the alcohol, add the tincture, and triturate carbonate of magnesia, ozs. ij, then add gradually $4\frac{1}{2}$ pints of water; filter or strain, and add three pounds of loaf sugar. There are several recipes for preparing simple elixir, but the above is, perhaps, the best. It is a pleasant menstruum for disagreeable drugs, and if the practitioner will keep it on hand, he will find it very useful and convenient for this purpose.

NERVOUSNESS AND TOBACCO.

In a clinical lecture on nervousness, at the Philadelphia Infirmary, by Dr. Mitchell, tobacco is mentioned as a frequent cause of extreme nervous conditions, in some instances leading to anæmia, debility, tremulousness, palpitation, heart trouble, and even to paralysis. So common is the use of tobacco that the practitioner is apt to overlook it in diagnosing a case. It is undoubtedly a fruitful source of numerous diseased conditions, particularly of the nervous system.

ARSENIC IN BISMUTH.

Dr. Salisbury (in *Chicago Med. Ec.*) says that in eighteen samples of the sub-nitrate of bismuth, from different sources examined, arsenic was found in thirteen, in quantities from 1 to $1\frac{1}{2}$ per cent—a fact somewhat startling. Let practitioners bear it in mind.

WINE OF GENTIAN.

R.—Fluid ext. of gentian.....oz. $\frac{1}{2}$.
 Fluid ext. cinchonia.....oz. i.
 Fluid ext. orange peel.....dr. ii.
 Fluid ext. canella.....dr. i.
 Proof spirit.....oz. $\frac{1}{4}$.
 Sherry wine.....oz. xxxvi.

A pleasant stomachic bitter. Dose,
 one or two tablepoonsful.

ANTI-COLIC MIXTURE.

R.—Tinct. rhubarb.....oz. ii.
 Tinct. capsicum—
 Aromat. spts. ammonia, aa...dr. ii.
 Deod. tinct. opium.....dr. i.
 Oil peppermint.....gtts. vi.
 Water, q.s. for.....oz. vi.

Dose, one to two tablepoonsful, for
 an adult, every two to three hours.
 Adapted to colic pains and flatulent con-
 ditions from imperfect and feeble diges-
 tion.

SANTONINE POISONING.

Chloral hydrate is said to be an anti-
 dote to santonine, and ether inhalation
 is likewise recommended.

ASTHMA.

R.—Iodide potassium, } aa....oz. $\frac{1}{2}$.
 Bromide potassium, }
 Simple elixir.....ozs. x.

M. Dose, one teaspoonful every two
 hours during the paroxysm. May be
 given three times daily for a long period
 to ward off attacks, and is sometimes ef-
 fectual in removing the disease entirely.

WHOOPIING COUGH.

A writer (in *Med. Times*) says that the
 following is a specific in whooping
 cough:

R.—Picrate of ammonia.....gr. i.
 Muriate of ammonia... gr. xxiv.
 Powdered ext. of liquorice...dr. i.
 Water.....oz. iii.

M. Dose, a teaspoonful every three
 hours, and more or less according to age.

TINCTURE STOPPERS.

The unpleasant cementing of stoppers
 can be entirely prevented by rubbing the
 stoppers with a piece of paraffin, and giv-
 ing them a turn in the neck of the bot-
 tle, so as to distribute a thin coating of
 paraffin all over. Renew two or three
 times a year.—*Phil. Drug. and Chem.*

DIAGNOSIS OF PREGNANCY.

The following general rule to the
 diagnosis of pregnancy laid down by Prof.
 Goodell has the advantage of being
 couched in familiar terms: "When the
 neck of the uterus appears to you as
 hard as the end of your nose, pregnancy
 should not exist; if it appears to you as
 soft as your lips, the uterus probably
 contains a fetus.—*Mich. Med. News.*

SPIRIT OF CHLOROFORM.

R.—Chloroform.....(troy) oz. j.
 Alcohol (strong)oz. xii.

M. This is an excellent stimulating
 anodyne; and useful also as a liniment.
 Dose, one to three drachms.

CAMPHENYL.

Camphenyl is produced from coal tar.
 Is recommended as a substitute for car-
 bolic acid. It claims to possess all the
 virtues and none of the dangerous qual-
 ities of carboic acid.

DYSMENORRHOEA.

Dr. A. P. Brown, of Jefferson, Texas,
 recommends the following in dysmenor-
 rhœa:

R.—Hyd. c. corrosive.....gr. i.
 Ferri et pot. tart.....gr. xx.
 Tinct. stillingæ.....oz. iij.

M. Dose, half to a teaspoonful three
 times per day, accompanied with proper
 hygienic rules.

FOR CONSTIPATION.

R.—Fluid ext. cascara.....oz. ss.
 Aq. cinnamon.....oz. jss.
 Sac. alb.....dr. ij.

M. Dose, teaspoonful three times per
 day.—*Writer in Clinic.*

SCIENTIFIC ITEMS.

THE TELEPHONE IN AUSCULTATION.

In reference to the statement of a correspondent of the *London Medical Journal* that with the telephone he can hear, at thirty yards, the sounds of the chest, the *Dublin Press and Circular* remarks: "The time may come when our fashionable physicians will have consulting-rooms in the large provincial towns, each having telephonic communication with his London consulting-room, where he will sit, examine and prescribe for patients who would find it inconvenient to come up to town to consult him. Of course, patients would have to attend at the provincial consulting-room at such times as he would appoint. Bristol patients could attend at 10 o'clock a. m., Birmingham at 10:30, Oxford at 11, and so on. There would probably be some difficulty about the fees; they could not be transmitted by telephone. But these could be paid to an agent or secretary." —*Drug. Circ.*

A SINGULAR FIRE.

Not long since, the *Hartford (Conn.) Courant* related the following instance, which illustrates the trite proverb that accidents will happen in the best regulated families. In one of the most careful households in that city, where fenders guard the fireplaces and safety matches aggravate the strange visitor, smoke was discovered in a room adjoining the one where the family were at breakfast. Investigation showed that a chair in the room was burning. How it could have taken fire was a mystery, until it was noticed that the sun's rays, falling on a large magnifying lens used to study photographs with, had been concentrated through it upon the chair, and had set it burning. If the family had not fortunately selected for breakfasting an hour when the sun is pretty near the zenith,

and so prudently fixed it to have some one in the room at that dangerous time, the whole house might have been mysteriously destroyed.

The sunfish has repeatedly injured the submarine cable between Portugal and Brazil and along the east coast of South America. Splinters of bone have been found thrust into the cable through the several coverings so deep as to affect the electric wires. A small species of marine animal also appears to devote its special attention toward boring and destroying cables. Whales have likewise caused great damage to cables. A short time ago the cable in the Persian Gulf ceased to work. Examination was made, and it was found that a whale, which was entangled in the cable, had broken it.

The animal was covered over with parasites, and in its efforts to free itself of them by rubbing its body against the cable the cable was broken, and one of the ends then coiled round the whale in such a way that it was unable to free itself, and was thus suffocated.

THE MICROPHONE is an apparatus which holds the same relation to sounds that the microscope does to minute and invisible objects.

Attached to the telephone, the faintest and otherwise imperceptible sounds become audible; even from the distant end of the telephone, the crawling of a fly, and even its breathing may be heard. It is supposed that the moving of sap in the capillary tubes of trees, like the murmuring ripples of a brook may be heard, and that the circulation of the blood in the minutest vessels will be so distinct that a new and interesting field will be opened up to the physiologist, and wonderful discoveries made in the diagnosis of disease.

EDITORIAL AND MISCELLANEOUS

ALL communications relating to the business of THE RECORD for the years 1877 and 1878, must be addressed to DR. R. C. WORD, Managing Editor Southern Medical Record, Atlanta, Ga.

Brief and practical communications are solicited on all subjects pertaining to medicine; also reports of cases in practice,

Send money by check, postal order or registered letter.

Write your name, post-office, county and State plainly.

THE WALKING MAN.

Some two months ago, T. E. Consegney, a Canadian by birth, medium stature, five feet ten and a half inches in height, weight one hundred and fifty-two pounds, and aged twenty-six years, accomplished, in Atlanta, the unprecedented feat of walking five hundred miles in five hundred consecutive hours. The difficulty of this task is not, of course, in the distance walked, but in accomplishing one mile every hour, night and day, for nearly twenty-one days. The walking was performed in the first fifteen or twenty minutes of each hour, and all his time for eating and sleeping, etc., was only allowed in the remaining portion of the hour. After he had been walking a few days, he would drop to sleep instantly after each walk, and great difficulty was found frequently in arousing him from his nap. His bowels became constipated, his urine highly colored and scanty, and he rapidly lost in flesh. Two compound cathartic pills were taken every other night at his own instance, his physician very naturally supposing that their action would debilitate him, but they operated only once or twice the next evening, after which he felt better. He ate regular meals of substantial food, consisting of mutton, roast-beef, eggs and Irish potatoes. Coffee was also used two or three times per day, and at night. He also smoked cigars freely. His appetite, at first, was good, but, toward the last, somewhat failed. He did not sleep every hour, but at times was nervous and wakeful. His pulse, after a few days, became irregular and intermittent, making eighty beats to the minute, the heart losing not less than one-third of its pulsations, and alarming his physician. He, however, persevered with indomitable will until the close of the feat. We saw him on the evening of the two last days. He had lost about twenty pounds of flesh, his cheeks were hollow and flushed, his tongue coated with a brown fur, the tip being pointed and red. His hip-joints were somewhat stiff, and he presented the appearance of a sick man.

On closing the walk, he went at once to his room and slept for one and a half hours. He was then aroused, and walked across the room a short while. His next nap was a little longer, and so on through the first night, and afterward more rapidly resumed the full term of sleep. Several weeks have elapsed since this writing, and he is rapidly regaining his flesh and accustomed vigor. The weather, during most of the time, was rather warm, which added to the difficulties of the feat. The points which interested us in the medical aspect of this case were the constipation as a result of continuous exercise by walking. The fact that an active cathartic was not only borne without weakening the patient, but rather strengthened his powers, operating with unusual mildness, and the irregular pulse indicating that the loss of sleep made its most powerful impression upon the action of the heart, and primarily, do doubt, upon the brain and nerve centers. A prolongation of the effort would have seriously jeopardized the heart's action, or brought on a typhoid condition, attended with the mania which results from nervous exhaustion.

DISSECTING MATERIEL.

Students in Cincinnati, having been detected in robbing the graves of respectable people, there resulted quite a sensation and great indignation in the community. The doctors of the city show no lack of pluck, as may be seen in the following:

Whereas, In consequence of such defective legislation, material is and can only be obtained through resurrectionists and the illegal violation of graves; and

Whereas, The medical interests of our State are too great and important to be jeopardized, as they now are under the working of the Anatomy act of 1870; and

Whereas, The State demands of medical practitioners a high degree of professional knowledge and skill, and at the same time, under the present laws, refuses the means by which such knowledge can be properly and sufficiently obtained,

thereby doing great injustice, not only to physicians, but also to all classes of the community, since it is the sick upon whom ultimately the end is wrought: therefore, be it—

Resolved by the Academy of Medicine, That a committee of three be appointed by the President to memorialize the Legislature, at its next session, to pass such law or laws as will enable the legal procurement, for purposes of dissection, of any or all bodies of persons dying in public institutions of the State, county infirmaries, and city hospitals, such as may, at the expiration of a period of twenty-four hours after death, remain unclaimed by friends or relations, and also all bodies found dead, which may remain unclaimed during the period of time above stated; and further be it—

Resolved, That it shall be the duty of the same committee of the academy to secure, as far as possible, the signatures of the members of the medical profession of Cincinnati and Hamilton county to a petition praying the General Assembly of the State of Ohio to pass such law or laws as above indicated; and further be it—

Resolved, That a copy of this preamble and resolutions be sent to each and every medical society in the State, asking co-operation in this matter.

GEORGE W. WALTON, M.D.,

J. W. UNDERHILL, M.D.,

P. S. CONNER, M.D.

Cincinnati, June 17, 1878.

FUCUS VESICULOSUS.

The fucus vesiculosus is one of the new agents recently brought to notice as a remedy for obesity. It is a sea plant, and grows near the shore, attaching itself by its expanded woody fibre. It is said that M. Dupare, having given a trial to this remedy for an obstinate psoriasis, for the cure of which it had been recommended, observed that it possessed the property of diminishing the fat of the system, and with no injurious effect otherwise. Others have reported like results with this drug. The profession should give it a trial. Dose of fluid extract, half to one fluid drachm, as prepared by Porke, Davis & Co., Cincinnati.

ERROR IN DISPENSATORY.

In the last edition of the U. S. Dispensatory (14th), the dose of liquor barii chloride is given at 60 drops, which is dangerous. It should be 5 drops.

The reports from the Medio Chirurgical Association were handed in too late for insertion in the present issue. The subject discussed was *Cholera Infantum*. Will appear in our next.

BOOK NOTICES.

AMPUTATIONS AND EXCISIONS of the Cervix Uteri, their indications and methods of treatment, by J. Bynum, M.D., M. B. C. S. E., Surgeon

in Chief of St. Mary's Hospital for diseases of women, Brooklyn, New York. (From Gynecological Transactions.)

This is a pamphlet of 48 pages, and is a paper of great interest as presenting important practical information of new methods of operations for a class of hitherto intractable diseases of the uterine neck. The operation by galvano cautery is described and illustrated.

EULOGY UPON LUNSFORD P. YANDELL, M.D., by Theodore S. Bell, M.D., Louisville, Ky.

An interesting and able address relating to the life and services of a truly great and good man.

THE APPLICATION OF PRESSURE in diseases of the Uterus, by V. H. Taliaferro, M.D., Atlanta, Georgia.

An interesting paper containing valuable suggestions.

REPORT OF 130 OPERATIONS of Strabismus, by A. W. Calhoun, M.D., Atlanta, Ga.

This is an interesting paper, evincing in its style and the remarkable success reported, the educated and successful operator.

YELLOW FEVER—Its History, Causes, Natural Pathology and Treatment—considering exclusively the epidemic of 1876 in Savannah, Georgia.

An able paper, worthy of perusal, evincing much scientific investigation and study.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF GEORGIA. Twenty-ninth Annual Session, Atlanta, April 17, 18 and 19th, 1878.

We have been kindly furnished by the Secretary, with a copy of the above transactions. We are free to confess that the get-up of this volume, its typographical execution and its freedom from inaccuracies are most excellent, doing great credit to the publishing committee, especially to Secretary Baird, to whose zeal and individual supervision, we are mainly indebted for the admirable manner in which the work has been accomplished. It speaks well also for the Publishing House of J. P. Harrison & Co.

It is a work of 278 pages, containing index of authors, names of officers, committees of sections, minutes in detail, and a number of able and interesting papers.

The interesting address of Dr. O. Daniel opens the volume. Then follows a practical paper by Dr. B. R. Doster, of Blakely, and other interesting papers by Drs. Walker, Grimes, LeHardy, Banks, Calhoun, Griggs, A. A. Smith, J. T. Johnson, Leitner, Stevenson, Goldsmith, Powell and others. Certain of these having been sent us

in pamphlet form are mentioned elsewhere. Dr. Grigg's report on Gynaecology contains many cases and interesting practical suggestions. Dr. Goldsmith's article on the corn-stalk tent, contains a new and practical idea, and will be read, we doubt not, with interest. Also the paper of Dr. Powell, our senior editor, on the Duties of the True Physician, very appropriate just now when the ethics of the profession is at so low a standard. The article by Dr. Love contains new and practical hints. Dr. Baird's article on neuralgia is a good one.

We have not space for further mention at present, and can only add in general terms that the papers are all creditable, and the volume before us a decided improvement on any that has been issued by the Society for a number of years, especially in its typographical execution. As a Georgian, our State pride is gratified with this beautiful volume of Transactions, yet in regard to the internal machinery and management of the Association, evidences continue to reach us of much dissatisfaction in the ranks of the profession. W.

DEATH OF DR. E. M. CAMPBELL, OF VA.

At a meeting of the Abingdon Academy of Medicine, on the 18th ult., a committee appointed for the purpose presented the following eloquent tribute which was unanimously adopted:

"A melancholy duty has devolved upon your committee—that of notifying, in a formal manner, the death of one of our Fellows, Dr. EDWARD M. CAMPBELL, of Abingdon, Virginia, who departed this life at the Warm Springs, North Carolina, on the night of the 11th inst.; and in discharging that duty we record, with no ordinary pleasure, the estimate we have of Dr. Campbell's exalted worth as a physician, surgeon, gentleman and citizen. His reputation as a physician and surgeon, is not confined to the particular locality in which he so long and so successfully practiced his profession, but extends throughout a large circle of the medical profession, who learned to regard him as a physician of great intelligence, of profound ability and a successful practitioner. As a citizen he stood very high in the estimation of all classes. He was a friend alike to the rich and the poor. By all his loss will be deplored. We submit the following resolutions:

1. *Resolved.* That in the death of Dr. Edward M. Campbell, this society has lost one of its brightest ornaments and most active members, a friend and gentleman, as well as an eminent physician and surgeon.

2. *Resolved.* That we not only deplore the loss that this society has sustained, but as citizens we regard the death of Dr. Campbell a great public loss.

3. *Resolved.* That the sincerest sympathies of the Abingdon Academy of Medicine be tendered the sorely afflicted family of Dr. Campbell; and, we do assure them we feel most deeply and profoundly the heavy blow that has befallen them.

4. *Resolved.* That the editors of the "Abingdon Virginian," "The Standard," the "Virginia Medical Monthly," and the "Southern Medical Record" be respectfully requested to publish this paper, and that it be made of record upon the minute book of the Society."

Respectfully submitted,

W. F. BARR, M.D.,
J. S. APPENSON, M.D., } Committee.
Geo. E. WILEY, M.D.

Abingdon, Va., June 17, 1878.

MICHIGAN UNIVERSITY.

We invite attention to the advertisement of the above named institution, which will be found in the present number of our journal.

LACTOPEPTINE.

This preparation, so rapidly coming into professional favor, is advertised in our journal, and is now manufactured by the New York Pharmaceutical Association. See advertisement in this number.

HYGIENIC HOME—BEAUTIFUL!

Any medical man, ambitious to establish a health resort, sanitarium, hydropathic institute or hygienic home, can learn of a place admirably adapted to these purposes by addressing the managing editor of this journal. Large dwelling, etc., on the place.

WHAT will the weather be to-morrow? See advertisement.

See Mark Johnson's advertisement.

RECEIVED.—A J Kolb, C M Bold, W A Cusick, W A Calbertson, R T Walker, 6 ms., H Pinson, T C Manning, Wm A Young, R L Seale, — McCready, 6 ms., A F Pharr, W Barton, Jno Goodman, J M Jackson, J W Rickman, J A Ardry, C C Hart, E H W Hunter, B A McIntosh, Ed Brock, R Fox, A Atkinson, J W Hoff, L G Anderson, L M Lovelace, W S Harris, G A Dyer, W C Reid, J T Suggs, B F Darnell, A J Sewell, Cochran & Kirkpatrick, J F Price, 6 ms., A G Smythe, G B Battle, E H Price, J C Anderson, J S Horsley, J G McCrary, Levi Farrow, J Horne, E G Whitman, G S Brown, 6 ms.; F. Drummond, Duke & Hudson.

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R. C. WORD, M. D., Managing Editor.

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ORIGINAL AND SELECTED.

THE VALUE OF EXTRACT OF MALT AND LOEFLAND'S CONCENTRATED LIEBIG'S FOOD FOR INFANTS, AND AN ACCOUNT OF THEIR INTRODUCTION TO THE MEDICAL PROFESSION.

By W. A. GREENE, M.D., Macon, Ga.

Liebig's Extract of Malt and Food for Infants have now been long enough before the world to enable most men to form their own opinions as to their specific value as articles of food and articles of medicine. Nevertheless, it may not be amiss, on our part, to point out briefly what has been ascertained as to their worth, and to indicate some of the many uses to which they ought to be put.

Meat, as an article of diet, owes its value partly to the mineral substances it contains, and partly to the organic compounds, albuminoid and oleaginous.

The mineral substances probably undergo little change in the human body; the oleaginous do not now concern us; the albuminoid, having been ingested, are in the stomach reduced to a uniform substance, termed albuminose or peptone, by means of the acid and pepsin of the gastric secretion. All albuminoid substances are so—including albumen, fibrin, etc.—but the conversion of amylaceous principles into saccharine, in the human economy, is accomplished by the secretions from the salivary glands and pancreas, which secrete analogous principles—that existing in the salivary secretions, known as ptyalin, and that in the pancreatic juice as pancreatin. Now, there is in malted barley a substance analogous to these, which has a strong power of changing starch into sugar, as the pepsin in the gastric juice has the power of converting albuminous substances into peptone. This substance in malted barley is called *diastase*, and is

formed during the process of germination or malting, a very small proportion of which converts an almost indefinite proportion of starch into sugar. Now, when the animal system is incapable, from abnormal causes, of converting starch food into sugar, we must aid it by supplying an artificial saliva, as it were, thus making extract of malt a most valuable therapeutic agent for the treatment of enfeebled and exhausted constitutions, being rich in both muscle and fat, producing material, the diastase possessing the property of converting about two thousand times its weight of starch into glucose, thus preparing a product which normally enters the blood and at once becomes a nutritious element. We at once perceive how valuable must this remedy be in dyspeptic and all other stomachic disorders, caused by non-assimilation of starch food. There are varied combinations of other medicines with extract of malt which infinitely increases and qualifies its good effects, which I shall reserve for another paper.

The careful selection of food for infants who are deprived of the mother's milk is a subject of more importance than generally supposed. If it was properly comprehended, the common error of recommending arrow-root, corn starch, tapioca, rice, oatmeal, or other starch food, would not occur. It is a grave error, and one very injurious to infants, for this reason: before teething, animal diastase, the starch-converting substance, not being secreted, all such food, when taken into the stomach, remains undigested, not as food, but a jelly-like mass, non-assimilable, foreign, and sure to irritate the delicate membranes of the alimentary canal, producing chronic diarrhoea and "summer complaint," which annually destroys its thousands of infants. But after teething, a substance is secreted by the salivary glands, which has the power of changing starch-food and converting it into malt-sugar. Of course, before the teeth are formed, there is no saliva—no

secretion from the salivary glands; consequently, no animal diastase. But in malted barley, there is a substance, called vegetable diastase, precisely similar to that formed in the salivary secretions after teething. It is well known that all farinaceous food is very valuable as nutriment; but who, with this knowledge of facts, would think of giving it to infants as an article of diet? Yet, it is done every day—and why? Because these physiological facts are either not known or are neglected. Long before the French chemist, Miaoche, read his *Memoire* before the French Academy, announcing his discovery of diastase in saliva, and its functions, and before Baron Justus von Liebig discovered vegetable diastase in malted barley, had our mothers and nurses found that "chewed biscuit" was "good for the babe." Then knowledge was practical and experimental; but the celebrated chemist demonstrated it scientifically, from which resulted the noted formula for preparing "Liebig's Soup for Infants," which proved such a blessing to the human race, and saved myriads of lives.

In 1865, Mr. Edward Loeffland established a factory at Stuttgart, Germany, solely for the manufacture of this "soup" in the form of a concentrated extract. Professor Liebig had published his formula for the infants' soup in 1863, which was composed of wheat flour, malt flour, and potash in certain proportions, which, when properly prepared, according to directions, was chemically identical with the mother's milk. Although scientifically so correct, it proved a failure, practically, from the tedious and inconvenient process of its preparation. This great, good, and learned man was humiliated and mortified by this lack of appreciation of his efforts by his countrywomen. They never tired in the appropriation of his discoveries which would adorn and beautify their persons, regardless of expense, time or fatigue, but the babe-food was too much trouble to prepare!

In order both to illustrate the duties

and sacrifices which should characterize maternal devotion, and to prove the absolute correctness of his investigations, with his own hands he prepared the "soup" for a delicate grandchild, who required to be thus nourished, several times each day. The result was as gratifying as his example was brilliant.

About this time, the practical and zealous Loeffland came to the assistance of Professor Liebig, and suggested that if the above obstacles could be overcome, and the "soup," in its original composition, brought to the notice of the profession and the public in an easily and conveniently prepared form, its great benefits would not be lost, but would preserve its identity and perpetuate its existence in the upward and onward mission for which it was instituted and sent forth to accomplish.

In the spring of 1866, Professor Liebig visited the establishment of Loeffland, in company with Professor von Fehling, professor of chemistry at the Polytechnic School of Stuttgart. The former expressed his entire satisfaction, not only of the product obtained, but also approved the theory, apparatus, and entire management of the establishment. Thus was perfected "Loeffland's Concentrated Liebig's Food for Infants."

While these scientists were inspecting this establishment, Professor Liebig informed Mr. Loeffland that he had prepared, at his Laboratory in Munich, a malt-sugar, according to the old pharmacopœia, and that he would suggest as a nutriment, resolvent, and emollient, the manufacture of a concentrated extract of malt that combined all the nitrogenous, albuminous bodies, the phosphates, and a large proportion of malt-sugar. Mr. Loeffland had all the facilities for making such an extract in his establishment. Professor Liebig urged him to go ahead. Loeffland again began to experiment and manufacture—the products of which experience were exhibited at the Exposition, in Paris, in 1867, and secured the first prize. This was its first triumph before the public and the

profession, since which time it has been the recipient of numerous awards wherever presented, and has won the confidence of all who have used it, in consequence of which the demand increased to such an extent that the old arrangement was too limited, and the space has been greatly enlarged, and improved machinery procured, until to-day it is, indeed, a mammoth concern, supplying pure, concentrated, and reliable malt to all portions of the globe. I do not hesitate to recommend their preparations to the profession and public as unexcelled in all respects, and invaluable for the purposes indicated.

In another paper, I will speak more particularly of its merits, and also refer to some of its valuable combinations.

I should have stated that Mr. A. C. Dung, 61 Bowery, New York, and John Wyeth & Brother, 1428 Walnut street, Philadelphia, are the exclusive agents for its sale in the United States. But it will soon be found in every drug store in the country.

LACERATION OF THE PENIS.

By A. A. Lyon, M.D., Shreveport, La.

Not long since I was called in great haste to see Willie B., a boy about seven years of age, who, in the performance of his childish pranks, had severely lacerated his penis. The accident occurred in this wise: The little fellow had fastened an ordinary trace-chain at either extremity, to the posts of a wide doorway; the slack of this chain was in the center, supported by a pole or stick into the upper end of which was driven a nail, and this thrust through one of the links, in its application not unlike that of a prop to a clothes line. He leaped astride this chain near its juncture with the prop, and was engaging in a variety of evolutions, which he denominated "playing circus. At an unfortunate moment a fold of the skin investing his penis was caught between the link and the nail, inflicting severe pain and caus-

ing him to fall. In this fall the laceration occurred. Upon examination fully three-fourths of the organ was found to be completely denuded. Posteriorly the skin was stripped from a point midway between the scrotum and prepuce forward to the margin of the latter, thence backward anteriorly to the pubis, the separated skin at this point hanging by a narrow strip or pedicle, not wider than a large brown straw. Imagine, if you choose, the finger of a kid glove upon the hand torn from the middle of the palmer aspect of the enclosed finger forward over the end back to the knuckle hanging there only by a shred, leaving three-fourths of the finger bare, and you have an illustration of the case before you,

As seen from above the organ was in its entire length wholly deprived of its natural covering and looked as red and as raw as a flayed beef. In this aspect of the case the following methods of treatment were suggested. Either, first, to replace and coaptate the torn skin and stitch it back as accurately as possible, relying upon the little dormal isthmus above alluded to to supply the requisite pabulum for the adhesive and healing processes. Second, to remove the pendulous fragment and trust to superficial granulation without further operation; and third, to incise the foreskin, retract its margin and attach the same by sutures to the remaining sound skin.

The first plan seemed quite feasible, and in all probability would have proven satisfactory but was not adopted for the reason that in case of failure, in this way, to obtain reunion, the parts, after the experiment, would not be in so favorable a condition for another operation as they were at that time.

The second would have been really unsurgical, and was not seriously considered, though it likewise might have terminated favorably.

The plan last named was the one therefore adopted. The operation was the simplest possible: The patient was

anæsthetized by my friend, Dr. A. R. Booth, who kindly assisted me on the occasion, and the detached and pendent portion of skin was cut away with a pair of scissors. With a sharp bistoury I then completely divided, superiorly, the foreskin, (which was, as usual, quite redundant), from its margin to the corona glandis, and below and nearly opposite a similar incision contiguous to the frenum, yet taking care to avoid injuring it. The divided prepuce was then carried back and stitched by five or six interrupted sutures to the sound skin behind it. The sutures were made with ordinary surgeon's silk, though for some reasons it might have been best to have employed silver wire, yet the silk was more convenient and is moreover, in some respects preferable, in a case of this kind. In the present instance it answered well.

The operation, of course, exposed the glands, and constituted practical circumcision.

The after-treatment was as simple as the operation. The organ was enveloped in a little greasy rag, and over this a miniature roller bandage was applied, as a support, and to control the swelling. For a day or two a cold water dressing was used, and afterwards a simple application of carbolized cerate, in conjunction with a mixture of equal parts of baselicon ointment and sweet oil, using one or the other as circumstances seemed to require.

On the fifth and sixth days I removed the sutures. From the beginning the case went on rapidly and without an untoward symptom to complete recovery.

From the health and youth of the subject, and the known reparative powers of the penis, I felt sure the case would terminate favorably. Yet was apprehensive, and so expressed myself to the parents, that there would be more or less deformity, and in the condition of erection, probably inconvenience resulting from the cicatrix, that might in future require another little operation to relieve.

In ten or twelve days the little fellow was up, out and playing as usual, though he expressed his purpose, in future, to eschew all acrobatic circus performances. He passed from my observation till very recently, when I again examined him, and was almost surprised to find the parts seemingly perfect in form and function. The glands, of course, were largely exposed, but the cicatrix, which I feared would form a constricting band and lead to more or less distortion, was a scarcely discovered white line, while the skin appeared to be just as distensible in its course as anywhere else. No complaint had ever been made, and I am sure none will ever be.

This, Mr. Editor, is a little case, and a very simple one to report in a medical journal, yet it is very practical, and one that involves a highly important member of the human economy. A little carelessness or mismanagement on the part of the medical attendant might have resulted very sadly for the parties interested, while the exercise of a morbidum of common sense, and perhaps a very little of surgical skill, it may be, has turned the mishap of my little patient to his advantage, for if there be any benefits, hygienic or otherwise, in the Mosaic operation of circumcision, we have them all here, though under a gentle regime and modification, so that in this respect at least, we may possibly regard the little fellow's "latter state as better than his first."

MANAGEMENT OF FEVERS IN GERMANY.

By W. S. CALDWELL, M.D., Vienna, Austria.

In the following article I may not be able to advance any new ideas upon the subject of the management of the febrile state. I propose, however, to discuss certain methods of procedure which are regarded by most practitioners of medicine as either too impracticable for adoption in private practice, or as resting

upon evidence in point of utility which is not quite trustworthy.

So much, in fact, has been written, of late, on the cold water treatment of typhoid fever, that the subject would seem to be well nigh exhausted; and the only apology that I have to offer for this encroachment upon an already fully occupied field, is that I hope that some of the suggestions I shall make will be more easily carried out in private practice than those usually given by men who have at their command the abundant resources of a well directed hospital.

Much, however, as this subject has been discussed, and in spite of the wonderful statistics lately published by Liebermeister, showing the beneficial effects of the cold bath as an antipyretic agent, during my late visits to the English and French hospitals I found that typhoid fever was *generally* treated by the administration of the mineral acids, much after the plan that I was taught in the the first lectures I attended a quarter of a century ago. In a course of lectures delivered by the professor of practical medicine in one of the New York colleges during the last winter, on the same subject, he never even referred to the benefits to be derived from the use of the cold bath in the management of this disease.

A late work on the nature and management of fevers (*Ueber Wesen und Behandlung des Fiebers*), by Dr. Carl Emil Buss, of Bale, is now attracting attention in Germany.

The writer is a warm advocate of the fermentation theory as a cause of the febrile state, and he says that the irritant is a living organism, which, by its multiplication in the circulation, calls forth the leison in each particular case.

"Others again claim that the presence of a living organism in the blood is not the *prime* cause of the complex symptoms, but that the products of decomposition which are produced by them, are more likely to act as an irritant, and thus cause the rise in temperature."

The injection of putrid matters into the circulation is found, he says, to produce septic fever in a direct ratio to the quantity of bacteria which such fluid contains. One of the most pernicious results that follow as a sequel of fevers, is a degeneration of the muscular substance of the heart, and a parenchymatous change in other organs essential to life. "Although hyperpyrexia may account in part for these results, it is probable that they are also largely produced by the presence of living animalculæ, which as yet we are unable to discern, but which act essentially the same as the trichina spiralis upon the muscles of the body when it has gained access to the system."

Taking this view of the nature of fevers in general, which the author claims are, in their manifestations, essentially the same, our remedies should be such as have a tendency to destroy these low forms of animal life. "It is wonderful that those remedies which are the most powerful anti-pyretics, all possess in an eminent degree antiseptic properties also. In confirmation of the above theory, it is found that the remedies that act so happily in reducing animal heat when we have a high temperature, produce little or no effect when given to a healthy individual. It is very probable that the anti-pyretic properties of these drugs are effected by their combination within the circulation with the septic element that produced the fever, and in this way we have a favorable result produced."

While the author is a warm advocate of the use of cold baths to reduce the temperature in fevers, he thinks that their use should be supplemented by other treatment, for in such diseases as diphtheria, scarlatina and the worst forms of abdominal typhus, our patient is stricken down at once, and succumbs rapidly to the overpowering effects of a prime cause, that our symptomatic treatment fails to reach.

The indications in the treatment of fevers are, first, to neutralize the "causal

irritant;" and, second, to use such other means as we have at our command, to assist in the reduction of the temperature.

To fulfill the first indication, the best remedies are the salicylates and cresotinic acid. Buss says, "the antipyretic effects of the salicylate of soda cannot be equalled by any other drug. It is far preferable to the salt of cinchona, because it does not retard the elimination of carbonic acid in the system, and acts more energetically in reducing the animal heat. Within three or four hours after the drug was given, the fall of temperature was generally from two to three degrees, but when given largely, the reduction was as much as five degrees. The formula for the use of this remedy in typhoid fever is as follows:

Salicylate of soda.....	15
Syrup of cinnamon.....	30
Water.....	180 Mix.

Give one tablespoonful every three hours, excepting eight hours of the night, when the patient is allowed to sleep.

Should this dose offend the stomach, he advises to give one-third the quantity and repeat the dose every hour.

Cresotinic acid, given to the extent of 10 to 15 grams in the 24 hours, was found equally efficacious.

The effect of these remedies was, as the author asserts, to shorten the duration of typhoid fever. Their internal use was in most cases supplemented by the use of the cold bath, but as this part of the subject is not very different from that given by Liebermeister, I will not quote the latter in this connection.—*Journal and Examiner.*

TYPHOID FEVER OF CHILDREN.

In the typhoid fever of children he gives, to a child six years of age, a teaspoonful every three hours of a three per cent. solution of the salicylate of soda.

If the temperature does not run higher than 38.3° C., he uses no other

treatment except nourishment in a fluid form, and red claret wine in doses according to the tendency that exists to a failure of the heart's action. Whenever the thermometer in the axilla registers a temperature above 38.3° C., he then resorts to the use of cold packing with water ranging from 13° C. to 18° C. If the case be a more severe one, and the temperature runs as high as 40° C. to 40.5° C., he resorts to cold baths, putting the patient into water at 30° C., and then adding cold water to reduce it from 18° to 24° C. These baths are only used as long as the fever is very high, the patient being kept in them from 10 to 30 minutes, according to the time necessary to reduce the temperature.

Speaking of the effects of quinia in fevers (upon which subject the doctor remarked that the average physician was a maniac), he only gives the remedy in their later stages, and then in small doses as a tonic.

To illustrate in what manner quinia acts as an anti-pyretic, he related the following case:

"I was called a few days ago in consultation with another physician to see a child aged ten years, suffering from typhus abdominalis. As the attending physician was fond of giving quinia in this disease, I finally consented that the patient might have 6 decigrams of the drug, divided into three doses, and given at intervals of three hours, just before the exacerbation of the fever. The physician not understanding the metric system of weights (it having been introduced into Austria only a few years), wrote his prescription for 6 *grams* instead of *decigrams*." Dr. Monti was called again soon after the child had taken the last dose, and found it was deaf as an adder, breathing heavily, and capable of being aroused only to semi-consciousness with great difficulty. The temperature was reduced to 35.5° C. in the axilla, though before the remedy was taken it was 40° C. Stimulants were given, cold was applied to the head, and warm applications to the feet, and

after some hours the patient recovered from the effects of the drug. In this case, although there was such a marked reduction of temperature at the time, the following day the exacerbation of the fever was the same as before the remedy was given.

The inference drawn by Dr. Monti from this case, as well as from an extensive trial of the drug in other cases of typhoid fever, is that quinia only acts as a *decided* anti-pyretic when given in doses that must be considered as *poisonous* in size, and that even when these doses are given daily, they exercise no influence in shortening the duration of the attack.

As bearing on this question of the anti-pyretic effects of quinia in this disease, I will give the following case from my own private note-book. During the fall of 1875, while we were having a severe epidemic of typhoid fever in Warren, Illinois, I was called to attend the daughter, aged 13 years, of Mr. H—, a lawyer of that town.

The patient had enjoyed previous good health, and was large and well developed for her age.

The attack was severe from the outset, the temperature running to 40° C. after the first week, and rising to 40.5° C. after the middle of second, and was accompanied by marked cerebral disturbance. My plan has always been to combat vigorously a temperature that reaches or exceeds 40° C. For this purpose I usually wring cloths from water varying from 15° deg. to 20° C., and envelop the body from under the axilla to the knees.

If the patient be an adult, the cloth used should be as large as a common sheet.

I direct that these cloths should be changed as often as every 15 to 20 minutes, until the temperature is brought down to a point that I consider compatible with the safety of the patient, say to 38° deg. or 39° C.

To use this remedy requires considerable judgment on the part of the nurse, with whom I always leave a thermome-

ter, so that my cold applications may be used intelligently.

As sometimes happens, the case above referred to was very sensitive to the application of the wet pack, and so after trying it in a rather unsatisfactory manner for a week, I determined to discontinue its use, and resort to quinia to fulfill the indications for which I had been using the cold water.

With this view I gave her 0.48 gram of the remedy at 4, 6 and 8 o'clock p. m., for three days in succession. The effect of the drug was to increase the nervous disturbance with my patient, without in the least lessening the temperature of the body, and finding her in every way worse at the expiration of this time, I fell back with renewed energy on my hydro-pathic treatment of the case.

From this time on I gave no medicine save a single dose of chloral-hydrate at night, kept the temperature down to 38.3 deg. C., and my patient grew gradually better and made a good recovery, after a duration of the fever of eighteen days.

In Prof. Duchek's wards here in Vienna, to which, by the courtesy of his first assistant, Dr. Brenner, I have had free access at all times, the treatment of the milder cases of typhoid fever is entirely expectant.

The patient is given small doses of dilute sulphuric acid, but as this is their universally prescribed *placebo*, it must not be considered in the light of an attempt at medication.

One point in their dietetic rules here is worthy of note, and that is that no patient who has typhoid fever of even the mildest type, is allowed a single mouthful of food as long as he has any increase of temperature. Milk, soup and claret wine are used exclusively as nourishment.

When the case is more severe, and any treatment is considered necessary, either salicylate of soda or quinia is given.

The former is preferred in the earlier stages of the disease, or where there ex-

ists any marked tendency to cerebral hyperæmia.

The manner of prescribing the remedy is as follows:

Salicylate of soda.....	5
Syrup of raspberry.....	20
Water.....	200 Mix.

Give one tablespoonful every 3 hours during the waking hours of the patient, or from 14 to 16 hours out of the twenty-four.

When quinia is used, 1 gram is given in the twenty-four hours, usually in three doses, at 2, 5 and 8 p. m.

Cathartics are not given, the bowels being moved every three or four days by injections.

But it is to the manner of using cold water in these wards that I wish to call the attention of the reader, as it is entirely practicable, and its value such as after considerable experience I have verified in my own practice.

First, baths are entirely ignored.

The arguments against them, are:—first, that their use involves an amount of discomfort to the patient, that is not compensated for by any additional advantage that they offer over the wet sheet.

Second, in using them it is necessary to subject the patient to an amount of physical exertion that is likely to act deleteriously on the future course of the disease. In other words, they deem it essential that the patient should be kept as absolutely quiet as possible during the whole course of the fever.

If he be feeble, in the latter stages of the disease, he is not allowed to rise upright in bed, even to evacuate the bladder or bowels.

This perfect quiet is supposed to retard the fatty metamorphosis in the muscular tissue of the heart and other organs.

Fever patients here are usually dressed in a single garment, open in front, reaching to the feet, somewhat after the fashion of a lady's night-dress. A rubber sheet is put over the mattress to prevent its becoming damp. When the

temperature rises to a point that is thought to be unsafe, they resort to the cold pack, and use it in the following manner. The patient, being dressed as above indicated, a sheet is wrung out of water of a temperature varying from 7.5 deg. to 15.5 C., and in this his entire body is enveloped, and over this is thrown a dry covering. These sheets are changed every 14 to 20 minutes for from two to five times, a thermometer being kept constantly in the axilla to denote the fall in temperature that is required.

After the temperature has fallen, the patient's garment as well as his bedding is changed, for the sake of dryness.

By the assistance of two intelligent nurses, all this is accomplished with the least possible amount of exertion on the part of the patient.

If he be decidedly feeble, he is given either brandy alone or milk punch before the wet sheets are used.

The advantage of the procedure above given is that it can be carried out easily in private practice, which is not the case with the cold baths as recommended by Leibermeister.—*lb.*

THE THERAPEUTICAL USE OF IODINIZED MILK.

Lazansky, assistant at the clinic of Professor Pick, in Prague, has recently experimented with the view of determining the value of employing nurse's milk, impregnated with iodine, as a remedy in syphilis and other diseases in which iodine is indicated. A case is reported (*Viertelj. f. Dermatol. u. Syph. I.*, 1878) in which the result was extremely satisfactory. A nursing woman, suffering from constitutional syphilis, whose five months old child was likewise syphilitic, was given half a gramme ($7\frac{1}{2}$ grs.) of iodide of potassium twice a day. No medicine was given to the child. On the day this medication was begun, chemical examination of the milk and urine of the mother showed the presence of iodine in both these secretions.

On the following day, the presence of iodine was also demonstrated in the urine of the child. On interrupting the administration of the medicine, the iodine disappeared from the secretions to reappear when its use was resumed. The child thrived remarkably well, and the manifestations of the disease disappeared rapidly in it as well as in the mother. The latter complained of no symptoms of gastric derangement, and she gained rapidly in flesh and strength. The mammae remained large and full of milk, and no diminution of the lacteal secretion could be noticed. The quality of the milk also remained good. The author thinks, therefore, that the assertion so frequently made by obstetricians and others, that iodide of potassium is an antigalactagogue, is by no means proven. He also thinks, with Bouley, that there is a new combination entered into between the iodine and certain constituents of milk, which renders the medicine more assimilable. He adds, that not only in syphilis, but in other diseases of children and of adults, where iodine is indicated, this method of administration may be of use. The milk of animals might be iodinated by adding iodine preparations to their food, as had been successfully done by Lewald, Piegey, and others.—*Va. Med. Monthly.*

A NOVEL URINAL.

Dr. Packard, in the Philadelphia Medical Society, said that he could mention a practical point that might be valuable to the members of the society, as it had been to him. He had attended a lady suffering with a large abscess, where the use of the bed pan for micturition was impossible, and catheterism annoying, when the patient herself suggested the following expedient: She had a large, coarse sponge inclosed in an oiled silk bag, and applied to the parts; it absorbed the urine perfectly, kept the bed dry, and contributed greatly to the comfort of the patient. He had since used the plan in other cases with much satisfaction.

CASE OF UMBILICAL HERNIA.

By B. M. WALKER, M.D., Of Danville, Va.

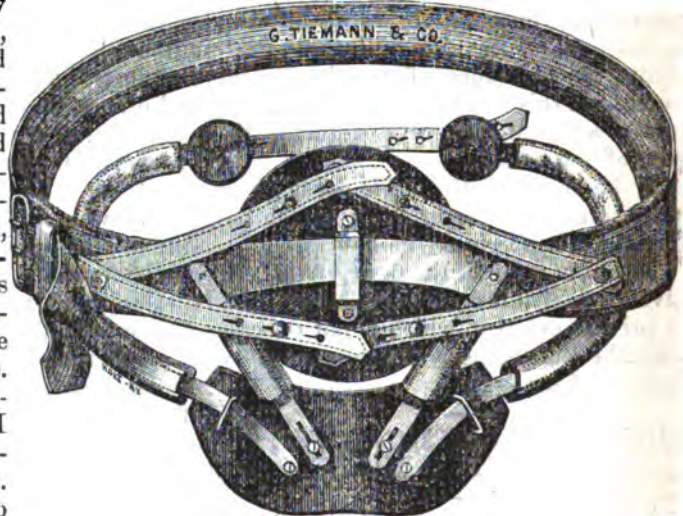
I was called to see Mrs. G. in February last. I was told by her husband, who came for me, that she was suffering from an "enlargement in her abdomen; that sometimes she was better, and then, from no apparent cause, she would get rapidly worse." From his attempts at description I suspected hernia in some form.

Upon examination of the patient, I found her to be a very large, fleshy woman, weighing two hundred and twenty pounds; abdomen pendulous, and the walls well stored with adipose tissue. Protruding from the umbilical ring was a hard, strangulated mass. Certain rational symptoms clearly indicated the existence of intestine in the imprisoned substance. After careful taxis under partial anæsthesia, I found the stricture exceedingly unyielding. Having to deal with so much fat in the adjacent structures that it seriously impaired my efforts at taxis, I expressed the doubt to her husband and herself, as to the efficiency of any means of relief short of operation, which I feared I would have to perform. This she strenuously objected to, saying, "she was going to die, any way," urging me to relieve her again by anæsthesia.

Bringing my patient quite under the influence of chloroform the second time, preceded by a hypodermic injection of morphia, and applying ice and ether locally to the tumor, by prolonged and careful efforts the hernia was reduced, i.e., the intestine was liberated; but I found, then, a small, adherent substance attached to one side of the ring. The patient's bowels were soon relieved, and

in the course of twelve hours sufficient evidence of thorough evacuation of the alimentary canal had occurred. This satisfied me of the nature of the remaining substance of the tumor. Considerable tenderness supervened; and a fever heat to 104.5 deg. Fahr., for forty-eight hours, was treated by cool applications over the abdomen, and fluid extract of gelseminum, as circumstances demanded.

Upon the restoration to health, I found the enlargement at the ring gradually decreasing. I used iodine liniment, and kept up a soluble state of the



bowels. At the expiration of two weeks the tumor had entirely disappeared, leaving a larger opening than before its removal. Through this umbilical outlet masses of intestine and omentum not unfrequently protruded, despite the efforts at restraint made by the temporary dressings and instruments used. The patient was cautioned (and I think needlessly so, for her recent sufferings were vividly before her.) She affirmed that the weight of her abdomen, when standing, would displace any appliance to the umbilical ring. All efforts to restrict the protrusion prevailed but a short time.

Seeing that an abdominal supporter was indispensable in the management of the case (an operation for radical cure being opposed as persistently as was that

suggested for relief of the stricture), I found that her protection must be instrumental. I could not adjust both supporter and truss (each of which were urgently demanded) without strangulating, as it were, large masses and folds of the abdominal walls intervening between the upper border of the supporter and the lower margin of the truss. Nor would this difficulty have been obviated had I had a larger, or rather higher, supporter, as the motions of the body would have permitted the displacement of one or the other of the instruments, from the integument gradually insinuating itself between, and eventually becoming a source of pain and discomfort, or else displacing the protectors.

Under these circumstances the genius of invention was appealed to. As my memory had failed to suggest any remedy in the various instruments devised heretofore for similar situations, I drew a diagram for a combination truss and abdominal supporter, which I sent to that most excellent house of George Tiemann & Co., New York. In a few days they sent the instrument perfect in every particular. I lost no time in adjusting it for my anxious patient, who has been wearing it with infinite delight and absolute safety, for three months. Messrs. Tiemann & Co. were so delighted with the invention, as they call it, that they have had an electrotpe taken of it and forwarded to me. I have sent it to you, with this article.—*Medical and Surgical Reporter*.

Dr. Q. C. Smith, of Cloverdale, conveys a valuable hint in the following note: "When cow's milk is found to disagree with hand-fed babies or small children, it may, in many cases, be rendered entirely wholesome to them by adding to it a small portion of table salt, just enough to be perceptible to the taste. I have for years directed the practice of this expedient among our people, and I know it to be of real value."—*Pacific Med. and Surg. Jour.*

SOCIETY REPORTS.

MEDICO-CHIRURGICAL SOCIETY.

ATLANTA, July, 1878.

Dr. Crawford in the chair.

Dr. R. C. Word introduced the subject of Cholera-Infantum, and asked the views of the members in regard to the nature and treatment of this affection. He regarded the so-called summer complaint of children, as the same disease, differing only in degree, or as modified by the difference of location and state of the atmosphere. He asked for information especially as to the treatment of the disease. He did not care to have recommended the old routine method of calomel, opium and astringents. In some cases the disease recovered under this treatment, and in exceptional cases it might recover under almost any treatment. But as a rule he regarded this method as a failure. The percentage of mortality in this disease had been, and is yet, fearful, especially in our large cities. He had, in a great degree, abandoned the old method. Occasionally he prescribed a mercurial at the start, but relies mostly upon the use of the bromides, oft repeated; aconite in minute and repeated doses, where there is fever; sometimes gelseminum, tepid or cold bath, cold cloths or soothing applications to the abdomen; cold water to drink, *ad libitum*, and as ant-acid and restraining, the improved Chalk Mixture, as published in the June number of THE SOUTHERN MEDICAL RECORD, or the Neutralizing Cordial, in the same number of journal. Under this treatment his success in summer complaints of children had been much better than formerly, yet not altogether satisfactory.

For children deprived of the breast, he had found condensed milk to be the best article of diet. The "Eagle brand," he thought the best, though not always uniform as to the quantity of sugar it contained, being sometimes too sweet.

He did not propose to discuss the subject fully, but desired to elicit the views of the members.

Dr. A. R. Alley said that cholera infantum was generally endemic to the Gulf and South Atlantic and sea coast cities, where it prevails sometimes almost epidemically with fearful mortality. It may occur away from these points in a limited and sporadic form, being modified by the cooler atmosphere.

As to its etiology, the profession seems to be in doubt as to whether it is produced by heat and atmospheric condition or by dentition. The profession generally, he thought, accepted the theory that it was due to heat aggravated by dentition. The symptoms of cholera infantum are the same as Asiatic cholera in the adult—vomiting and purging, often ending in collapse and death.

Away from the larger central points we have the summer complaints of children from teething, etc. He regarded heat and atmospheric condition as the prime causes of cholera, dentition being only a secondary cause, or perhaps only aggravating the disease by keeping up constantly the irritation. His plan of treating the disease, when not in the aggravated form, is to do very little, relying upon hygienic rules and good nourishing food with stimulants. If the bowels are very loose he had used the following with fine success:

R.—Subnitrate bismuth..... 1 to 2 grains.
Pepsin..... 1 to 2 "
Tannin..... $\frac{1}{2}$ to 2 "
Pulv. cinnamon..... $\frac{1}{2}$ to 2 "

As a dose to be given every two hours. Using also hot stupes of mint and flannel over the whole abdominal region. He never gives calomel in this disease at the early stage, as advised by some, as it tends to increase the irritation and nausea. There being a tendency to collapse it acts as a sedative, and no doubt produces congestion of the brain.

He never gave mercury until the stools denote the absence of bile, and then only in small stimulating doses of $\frac{1}{4}$ to $\frac{1}{2}$ grain. He "expunged" the chalk mixture and hydrarg. cum. creta as

they cause irritation and increase the vomiting. His treatment was rather *expectant*. He never gave cold water, but pellets of ice, which is more grateful and does not overload the stomach. If the child be too weak to nurse, he used the condensed milk, Eagle brand, as follows: a large tablespoonful is added to a tumblerful of hot water and the solution fed to the child by a spoon. If the skin be hot and dry use warm bath, adding whisky to it. Let the child be lightly clothed and kept cool, with free ventilation, along with Valentine meat juice which is a splendid preparation, being light, nutritious and ready for use when needed.

If the gums are red and swollen, they should be lanced, and if painful rub them with a mixture of laudanum and honey in small quantities, applied with the finger. It will be found very soothing to the gums.

Dr. T. S. Powell said that cholera infantum was, in all probability, caused by impure air. It seemed to be a species of cholera peculiar to this country, and found mostly in the larger cities of the Middle and Southern States, occurring only in the summer season, by which we infer that a high temperature is among the causes which develop the disease. Teething children are most subject to it, and many have attributed the disease to this cause alone.

True cholera infantum presents in the outset, all the symptoms of cholera morbus in the adult, but the prognosis is less favorable, and the disease, if not speedily terminating in collapse, is protracted, attended with diarrhoea and a remittent form of fever, with intense thirst and a tendency to cerebral congestion, convulsions, etc.

Post mortems reveal congestion but seldom inflammation of the brain. Occasionally there is inflammation and hydrocephalus, but inflammation of the mucous membrane of the stomach and bowels is seldom, if ever, absent; and the liver is almost invariably engorged, sometimes to an enormous extent.

We have been struck by the resemblance of the liver as it appears in chickens that die of chicken cholera to the enlarged liver of a child which has died of cholera infantum.

In regard to treatment, we have seen nothing in all the new agents proposed of late years, which improves greatly upon that proposed by Dewers and certain of the older writers. It is true that cholera infantum is an exceedingly fatal disease, and the percentage of deaths is great, and must be so, especially in view of the fact that the most important remedial measure suggested by the physician is seldom carried out because of poverty or other inability of the parents, and that is to remove the child from the impure, heated atmosphere of the city to the purer and cooler air of the country.

As to drugs, we think that small doses of calomel, from $\frac{1}{4}$ to $\frac{1}{8}$ of a grain, is indicated in the outset. It may be well, in some cases, to encourage the vomiting at first, by draughts of tepid water to make sure that all irritating substances have been removed from the stomach; and sometimes the nausea may be allayed by injections of warm water into the rectum and repeated until a faecal or bilious discharge is obtained. When this occurs the nausea is usually suspended, and if it recur the injection may be repeated often with similar good results. Then the small doses of calomel may appropriately follow, giving a dose every two hours until the liver is acted upon, as indicated by bilious discharges, after which the calomel should be given at longer intervals. If there be not too much fever an opiate may be injected into the rectum at night to procure rest and quiet.

This treatment may be persevered in for a reasonable time, or until the secretions be established. If the disease persists the warm bath, soothing applications and such remedies as the particular symptoms of the case may indicate should be used. But in any stage of the case, if it be possible, remove the child to the country.

Dr. J. J. Knott said: I regard this affection of infants as being dependent on the depressing effects of vitiated air, and a high temperature during that peculiar period, dentition. This depression takes place in the great sympathetic, producing a condition of the alimentary canal unfavorable to assimilation. Within the last few years I have managed all the cases that I have had with but little trouble. My main reliance is in the following prescription:

R.—Lemon juice..... oz. ii.
Carb. ammonia..... grs. xl.

M. S. $\frac{1}{2}$ to $\frac{1}{4}$ teaspoonful every 2 or 3 hours. If the depression is very great, I give immediately 5 grs. sulph. quinine in solution by enema, rub the spine with turpentine, with turpentine applications over the bowels. If the child is nursing take it from the breast and feed it on teas until the unfavorable symptoms disappear.

THE ETIOLOGY OF MEMBRANOUS DYSMENORRHOEA.

At a meeting of the Obstetrical Society of London, Dr. Cory recorded a case which strongly supported Dr. Hausmann's view that such are due to imperfect impregnation. The patient, previous to her marriage, at the age of thirty, had never passed any membrane. She aborted three times, between the second and third months, during the first two years of married life. Since then, she had almost invariably passed, at her menstrual periods, membranes, which proved to be very perfect casts of the uterine cavity, and presenting all the naked-eye and microscopical appearances of its mucous lining. The membrane usually came away on the second day of menstruation, previous to which the dysmenorrhœa was acute. Later on, she lived apart from her husband for nine months, during which time she had menstruated regularly without passing any membrane.—*Medical and Surgical Reporter.*

ABSTRACTS AND GLEANINGS.

CHLOROFORM IN LABOR.

By L. P. YANDELL, M.D.,

Professor of Therapeutics and Clinical Medicine
in the University of Louisville.

"The man who would whip a poor helpless woman with a cat-o'-nine-tails would receive condign punishment at the hands of the law, and, in my judgment, the doctor who allows a woman to suffer the pangs of childbirth without chloroform is equally culpable, and deserves equally severe punishment." Such is the forcible language I had the pleasure to hear from the lips of the great and good Sir James Simpson, at the British Medical Association, in 1867, in Dublin. My father, professor of chemistry in the University of Louisville at the time of the discovery of the anæsthetic power of chloroform, was one of the first to manufacture this substance in the West, and was one of the earliest and most earnest advocates for its use, and, up to the time of his death, he employed it in all cases where the patient was willing to take it, and he never, in a single instance, had the slightest cause to attribute any bad result to chloroform.

Under my father's instructions, I began its administration when I entered the profession twenty-one years ago, and to-day, I entertain very much the sentiment expressed by Sir James Simpson. I have never known an untoward event to result from chloroform in labor. I know no contraindication to its use, and I advise it in every case, and give it invariably if the patient does not object.

That chloroform, in obstetrical practice, is incapable of harm, no one will assert, but its danger, like that of morphia, atropia, hydrocyanic acid, and, indeed, we may add food, water, and fire, lies in the manner of its use. Morphia,

atropia, prussic acid, food, fire, and water are beneficent agents when properly employed, but, used otherwise, they may produce deplorable results. It is the excess of chloroform that does the harm when harm is done by this substance in the lying-in room.

Anæsthesia is not only necessary in labor, but, indeed, in normal cases, is only permissible in the last throes, when the acme of agony is reached, just as the presenting part is about to emerge from the vulva. By anæsthesia I mean, as the word signifies, paralysis of sensation, oblivion. Chloroform anæsthesia may sometimes produce acinesia—that is, loss of motion, or, in other words, may arrest the expulsive efforts of the uterus—but anæsthesia is not what we desire in the lying-in patient.

Analgesia—that is, absence of the sensation of pain—is the condition to be induced; only analgesia is not anæsthesia or acinesia. It has been denied that absence of pain can be compassed without the production of insensibility, and the production of insensibility, it is claimed by many, generally, if not usually, arrests the uterine contractions, or at least diminishes their strength. Such is not the fact, according to the writer's experience. In the majority of cases, even perfect anæsthesia will not arrest or enfeeble the contractions, though sometimes it does so. Analgesia, on the other hand, according to the writer's observations, may be accomplished with certainty, safety, great benefit to the patient, by the proper administration of chloroform. The recital of a case may make my meaning clearer:

Mrs. H., the mother of three children, having great fear of chloroform, had never been willing to take it in labor until she came under my charge. Her pains being intense, there was little dif-

sculty in inducing her to inhale it, but she insisted that it should not be given after she should say, "That will do," or "I have enough." I gave it at the beginning of a severe pain, and only a few inspirations were taken when she pushed the handkerchief away, saying, "That will do." The uterine contraction expended itself in the usual time, and the patient went into a brief sleep. This procedure, with similar results, was repeated until the child was about to be expelled, when the chloroform was given freely, and total unconsciousness was produced. After a few moments, Mrs. H. awakened unaware that the child was born. She declared that, up to the last moments, she knew everything that was going on, and that she distinctly felt the expulsive efforts of the uterus, but experienced not the slightest sense of pain during their continuance. I have delivered this lady of three children, and the description of the first labor answers for all.

Mrs. H.'s case, being a typical one, sufficiently illustrates my meaning and my practice. The chloroform is best given upon a small napkin or handkerchief. Its use should only be begun after decided bearing-down pains have set in. Request the patient to give warning of the approaching pain, and when she does so, dash the chloroform, much or little, on the napkin, apply it over the mouth and nose, and direct full, strong inspirations to be made. Three or four, or half a dozen, breaths usually suffice to allay all suffering, and the expulsion movement is in nowise affected.

In France, where the comfort of women is less considered than in many other countries, the employment of chloroform in child-birth is comparatively rare, though of late it is being much more used. It has been contended by some French writer, whose name I cannot recall, that the results, such as I have enumerated in Mrs. H.'s case, are entirely due to the imagination of the patient. That such is the fact but few will believe. It is incredible that any imagin-

ation can be strong enough to render a woman oblivious to the agonies of parturition. During more than thirty years of administration of chloroform to parturient women, no death therefrom has occurred, it is asserted; but it is difficult to believe that such a statement is absolutely true, when we consider the powerful nature of this medicine and its use by so many ignorant and incompetent persons. Certainly, however, it can have done but little harm or we should have read more of its bad behavior. It is important to bear in mind, in this connection, that chloroform is given, by most practitioners who use it, much more freely than I have recommended it. Sir James Simpson, on the occasion before alluded to, stated that, in Edinboro, he often found his patient chloroformed by the nurse when he arrived, and his practice, and also my father's, was to keep the patient chloroformed from the beginning of the first bearing-down pains until the end of the struggle. In my own judgment, this is only necessary in abnormal labors, but in such, I have given chloroform to the degree of oblivion for twelve or more consecutive hours, and never with any unpleasant effect, unless may be a troublesome nausea or headache, which passed away within twenty-four hours.—*Louisville Med. News.*

ENLARGED PROSTATE.

Dr. Atlee, in a paper read before the Philadelphia County Medical Society, on enlarged prostate, lays down the three following propositions, with remarks following:

1. That the prostate and its vessels are possessed of unstripped muscular fibre.
2. That the bladder is a hollow organ with an involuntary muscular coat.
3. That ergot will contract unstripped or involuntary muscular tissue, as it does in the uterus.

Therefore, as a corollary, ergot ought to be a remedy for enlarged prostate and its effects.

This was the theory upon which I

based the practice, and whether the rationale is correct or not, my experience in the use of ergot in such cases had been most satisfactory. Several patients over sixty years of age have been treated with ergot, and have been able to lay aside the catheter after having been the victims of its daily use. When called to a case of retention from enlarged prostate, my rule is first to relieve the bladder by means of the catheter, and follow this immediately by ordering twenty drops of the fluid extract of ergot every four hours, until the patient gets entire control over his bladder. Until this is accomplished, I continue to relieve him with the catheter every twelve hours. As his power of urination is restored, I diminish the frequency of the medicine, and gradually end in giving a dose every night. A gentleman, who died last month, at the age of ninety-two, was exceedingly ill in August, 1872, in consequence of retention of urine from enlarged prostate, and had to be regularly catheterized for relief. He was placed upon the above treatment, and in a few days was able to do without his catheter. His urinary organs were kept in a good condition by taking a dose of ergot every night, and he enjoyed much better health in consequence, and died recently of old age. I mention this case in particular, because a post-mortem examination proved to me that the prostate had been diminished in size by the treatment.

In these cases, it is very common for sedimentary deposits to accumulate in the bladder, which becomes a source of irritation and discomfort, and if the organ should fail to expel its contents entirely, it is best every few days to introduce the catheter to remove them.

CASE ILLUSTRATING THE TREATMENT OF BROMIDE RASH WITH ARSENIC.

The beneficial effect of arsenic on the bromide rash deserves to be more widely known than it appears to be, and the following case, reported by Dr. Gowers (*Lancet*, June 15, 1878), illustrating it,

may be of some interest. It is briefly reported from the out-patient practice at the National Hospital for the Paralyzed and Epileptic:

S. S., a man aged thirty-eight, had taken bromide of potassium certainly for five years, on account of fits, and during the whole of that time, he had had a large amount of acne upon the face. In the summer of 1877, the face was covered with coalescent acne pustules, and presented a most repulsive appearance. The eruption was also abundant on the chest. The addition of a small quantity of sulphur to each dose did a little good; the rash improved for a short time, but it soon got worse again. Sulphide of calcium was then tried, but with no further improvement, and it made him sick. The dose of bromide was then lessened from twenty to ten grains three times a day, and the acne lessened considerably, but the fits became worse, and on again increasing the bromide, the acne became more abundant, and soon was as bad as ever. On September 28, five drops of arsenical solution were given twice a day. In a fortnight, all the spots of acne were gone from the face, and those on the chest had faded. The arsenic was continued for some time, and then reduced, and ultimately discontinued. The skin remained healthy for a time, but a month afterwards the face was covered with a fresh bromide rash, red elevations, with several points of suppuration in them. Many large spots of similar kind were on the back of the neck, chest, and arms. This eruption commenced a week after the discontinuance of the arsenic. It again disappeared when the arsenic was resumed.—*Ab. Med. Science.*

UNOFFICIAL PLANTS.

American Ivy. The bark and twigs have been used for dropsy.

American Senna. Analogous to senna, and contains a principle similar to cathartin. Efficient and safe cathartic, though less active than the imported senna.

American Water Hemlock. Closely

analogous to European species. In several instances, children have been fatally poisoned by eating its roots. It is highly recommended as a specific in nervous headache. The seeds contain an alkaloid supposed to be identical with conia.

Life Everlasting (*Antennaria Margaritacea*). The leaves are astringent and expectorant.

Cashew-nut Tree (*Anacardium Occidentale*). A small tree of the West Indies, from the bark of which a gum exudes, similar to gum Arabic, but only in part soluble in water. Its fruit affords a juice which has been recommended in uterine complaints and dropsy.

Aristolochia. Fourteen species have the same medicinal virtues as the official *A. serpentaria*.

Pleurisy Root possesses diaphoretic and expectorant properties, without being a stimulant.

Asclepine, an "eclectic" preparation, recommended as the active principle of pleurisy root.

Beaked Hazel, the nut of which is covered with short spiculæ, which have been used, like cowhage, as a vermifuge.

Beech Oil is used in Picardy, and other parts of France, instead of butter.

Bladder-wrack (*Fucus Vesiculosus*). A sea-weed growing on the shores of Europe. It contains soda, in saline combination, and iodine, in the state of iod. of potash. Used to decrease obesity.

Bouncing Bet. is a vulgar name for soapwort.

Broom-rape has been used in cancerous affections.

Bugle-weed. Mild narcotic and astringent.

Camellia Sasanqua. An aromatic plant, the flowers of which are sometimes mixed with tea leaves in order to render them fragrant.

Cardinal Flower (*Lobelia Cardinalis*). A species of lobelia, said to possess anthelmintic properties.

Cassina. The leaves possess emetic properties, and form, in decoction, the black drink of the Indians.

Castanea. The bark of castanea pu-

mila, a species of chestnut tree, the bark of which is astringent and tonic.

Ceanothus Americanus (New Jersey Tea, Red Root). Root is astringent, and said to be useful in syphilitic complaints. The leaves have been used as a substitute for tea. Ceanothine is a name given to an extract prepared from the leaves of this plant.

Celandine (*Chelidonium Majus*) possesses diuretic, diaphoretic, and expectorant properties, and said also to be an acrid purgative.

Celastrus Scandens (Climbing Staff Tree), the bark of which is said to possess emetic, diaphoretic, and narcotic properties.

Yellow Dock. Astringent, tonic, and alterative.

Common Elder, the flowers of which are gently excitant and sudorific.

Ginseng, a favorite remedy with horse doctors, is little more than a demulcent.

Horse Mint is stimulant and carminative.

Mountain Ash. All parts astringent. Water Pepper. Diuretic.

Barberry. A cooling drink is made of it in New England for fevers.

True Watercress. Anti-scorbutic.

Prickly Ash. Stimulant emmenagogue.

Buckthorn Family. Violent cathartics.

Common Geranium. Root is astringent; may be boiled in milk and sugar; excellent for children. The root should be collected in autumn.—*Rothrock*.

Common Wild Indigo. Used in domestic practice; also, in eclectic practice. Some authorities say it is very useful in typhoid fever, used in place of turpentine—that is, for just such symptoms as require the use of turpentine.

Quince. Seed astringent and demulcent.

Blessed Thistle. Harmless; simply mucilaginous.

To those camping out, the Common Hemlock makes a good tea.

The Common Hop is widely distributed.

Wild Hop can be used with perfect safety.

Butternut is much used by the eclectics; it is a good laxative; also, good for habitual constipation, not creating secondary costiveness, like rhubarb.—*Philadelphia Drug. and Chem.*

MEDICO-LEGAL EVIDENCE.

Prof. Joseph Jones having pronounced the stains found upon the clothing of a suspected murderer to be caused by human blood from a person suffering from malarial fever, was thus questioned by the defence before the court!

EXAMINATION ON THE PART OF THE DEFENCE.

D. Are you absolutely certain that the stains on the pieces of cloth, placed in your hands for microscopical and chemical analysis were caused by human blood?

J. The substances causing the stains presented all the chemical and microscopical properties of human blood, or blood presenting a special pathological alteration.

D. Can you by means of chemical and microscopical examination of the blood determine any form of disease?

J. By chemical and microscopical examination, I am not able to determine every form of disease.

D. You would then be in doubt concerning the result, in certain diseases, of the chemical and microscopical examination; please state therefore if there are any diseases, the nature of which may be revealed by the microscope?

S. The microscope enables us to distinguish clearly the change induced in the blood by malarial fever. That condition of the blood known as leucocythæmia or leukaemia can be accurately determined by microscopical examination. There was no doubt in my mind that the blood examined was human blood from one who had suffered and perhaps was at the time suffering with malarial fever.

D. What did you say was the aver-

age size of the colored blood corpuscles in the stains upon the cloth? and whilst giving this measurement, give those also of the dog, horse, rat, cat, rabbit, ass, ox, cow, pig, sheep and goat.

S. The average of the diameter of the blood corpuscles from the stains, was about 1-3200 of an inch. The corpuscles of human blood are larger than those of domestic animals. Thus the average diameter in the dog, is about 1-3540 of an inch; horse, 1-4800 of an inch; in the rat, 1-3814 of an inch; in the cat, 1-4400 of an inch; in the ox, 1-4267 of an inch; in the ass, 1-4000 of an inch; in the cow, 1-4200 of an inch; in the pig, 1-4230 of an inch; in the sheep, 1-5300 of an inch; in the goat, 1-6366 of an inch.

D. Do not those individual blood corpuscles in man and animals vary in their diameter in the same specimen of blood? and if so, state to the honorable court the causes of these variations.

S. The blood corpuscles of man and animals vary in their diameters within their certain limits; thus those of man may vary from 1-2000 to 1-4000; of the dog from 1-4000 to 1-6000; of the hare from 1-2000 to 1-8000; in the ox from 1-4878 to 1-4444; in the sheep 1-5333 to 1-6000 of an inch.

D. Difficulty therefore exists in distinguishing between the blood of man and domestic animals; and in view of this fact do you assert *absolutely*, that the stains in the pieces of cloth were human blood?

S. I admit that difficulties exist in such examinations. I affirmed that the human blood corpuscles upon an average were larger than that of the domestic animals named. I also affirmed that the stains upon the pieces of cloth presented all the characteristics of human blood.

I went a step further and affirmed that this blood presented pathological appearances which as far as my investigations extend, are peculiar to human blood in a certain diseased state, and that I have never observed such a condition in the

blood of animals; and that the blood from the house in which the deceased was murdered presented similar chemical and microscopical characters.

D. Can the colored blood corpuscles be detected with accuracy in dried blood?

S. They can be detected in many cases; and they were detected accurately in the case now before this honorable court.

D. Can you distinguish between the blood of a woman and the blood of a man?

S. I cannot.

D. Can you distinguish the blood of a fetus from the blood of its mother?

S. I cannot.

D. Can you distinguish the blood of the different races of men? for example, can you chemically and microscopically distinguish the blood of a white man from that of a negro?

S. Different races are said to have distinct odors; sulphuric acid applied to blood will liberate the peculiar odor of the animal; I have upon many cases satisfied myself of the possibility of developing the peculiar odor of the blood in different animals by means of sulphuric acid. I cannot, however, speak positively with reference to the blood of the different races of mankind.

VERDICT OF JURY.

By the testimony of several witnesses, two of whom were practicing physicians, it was clearly established that, for some weeks before and up to the time of his murder, Narcisse Arrieux was suffering with intermittent malarial fever (chills and fever). The judgment of the jury rested to a great degree upon the presence of blood on the clothing of the accused Wilson Childers.

We have been informed by Mr. John H. Ilsley, jr., one of the attorneys for the prosecution, that an important witness testified as to the guilt of the four negroes accused of the murder of Narcisse Arrieux. The jury rendered the verdict guilty of murder with capital punishment.—*O. N. Med. Jour.*

SUBSTITUTE FOR MOTHER'S MILK.

Dr. Marsh, in the *Obstetric Gazette*, says:

If we mix three parts of cow's milk with one part of water, and add about an even teaspoonful of sugar of milk to a half pint of the mixture, we will have about the proportions indicated in the table for human milk. Cane sugar may be substituted for sugar of milk, but is not so good probably. Most authors recommend the addition of a still larger proportion of water for the first few weeks of infantile life, gradually decreasing the quantity of water as the child grows older, until it is able to take the milk undiluted. If the curd is not readily digested, the addition of an alkali will often render it more digestible. For this purpose, carbonate of potash in the proportion of one grain to the fluid ounce may be used, or, which is preferable, use lime water instead of water alone to dilute the milk. Lime water contains about half a grain of lime to each fluid ounce, and should be prepared and kept as follows: The lime should be freshly burned, and, to insure this, it is better to put a piece in the fire and let it remain an hour or two. About an ounce of this should be slacked by pouring on a sufficient quantity of water, and, when thoroughly slacked, put it in a quart bottle, fill the bottle with cold rain water, shake it well and let it stand until the lime settles, when it is ready for use. The bottle should be kept well corked, and the lime allowed to remain constantly saturated. Care should be taken in pouring the lime water off for use, that none of the lime in the bottom is allowed to escape and be mixed with the food. The milk should be fed from a suitable feeding bottle, so constructed that the child cannot suck and swallow air with its food, as this causes great uneasiness. "Maw's Feeding Bottle" is the best. The milk should not be boiled, but the bottle containing it should be placed in hot water until the feed acquires a temperature of 98° F. If any milk remains in the bottle at the end of the meal, it

should be thrown away. The bottle should be thoroughly cleansed after each meal. Not the least particle of milk should be allowed to remain adhering to any part of the apparatus, and the caps and tube should be kept in cold water slightly alkalized. This precaution is especially necessary in warm weather. The milk should be obtained fresh every morning and evening, and kept at a temperature of about 40° F., and each meal freshly prepared. It should be obtained from a young cow whose calf, if living, should be from two to six months old. The child should be taught to take its food at regular intervals. For a child six weeks old or under, three or four ounces every two or three hours; as the child grows older, the quantity may be gradually increased and the interval lengthened. The child should also be taught to take its last meal for the day at about 10 o'clock P.M., and the first at about 5 o'clock A.M. This will insure, for both child and nurse, a good night's rest, which cannot be secured if the child is in the habit of waking frequently in the night to be fed. We do not think it advisable to add anything to this simple milk diet, if the child continues to do well on it, until after the seventh or eighth month, when some farinaceous element may be added, such as bread or crackers, broken up and thoroughly soaked in the milk, or rice, sago, tapioca, arrow-root, farina, etc., thoroughly and carefully cooked, and only in such quantities as can be entirely digested. Sometimes "Liebig's Food for Infants" agrees better than any of these. This consists of milk, wheat flour, and malt, with a little bicarbonate of potash. The object of the malt is to convert the starch into grape sugar, and thus relieve the digestive organs of part of their labor. In London, this food is freshly prepared in the liquid form every day, and is sold for about six pence a quart. It is also prepared in a concentrated form, and a dry preparation by Messrs. Savory & Moore may be obtained in this country. As this paper

does not comprehend the diet of infants after the proper age for weaning, it will not be in place to speak of such articles of food as may be given after that age.

TREATMENT OF ACNE ROSACEA.

Professor Hebra, of Vienna, reports six cases of acne rosacea, with the view of illustrating the different modes of operative treatment that may prove serviceable against this affection. Two of the cases presented the first degree of the affection, namely, cutaneous redness with dilatation of the vessels. These were treated by repeated punctures, which brought about the obliteration of the dilated vessels. The instrument used was a needle with a lance-shaped, two-edged blade, about one-twelfth of an inch long, and provided with a shoulder to keep it from penetrating too deeply. In performing the operation, Prof. Hebra stands behind the patient, who is seated in a chair, with the head bent backwards. He makes the punctures as close together as possible, and with the rapidity and regularity of a sewing machine. At each puncture, the needle is driven in until it is arrested by the projecting shoulder with which it is provided. If possible, the entire morbid tissue should be operated upon at a sitting. The hemorrhage is always considerable, but it is readily controlled by compression. The dressing consists of dry charpie secured by a bandage, and it should be renewed daily. Should suppuration occur, which is rare, the dry dressing must be replaced by lead ointment or simple cerate. Sometimes it is necessary to repeat the operation several times before a cure is effected.

Two of the six cases presented, in addition to the telangiectasis, considerable thickening of the cutis and numerous pustules. They were treated by scraping with the sharp curette. Although the curette only scrapes off the epidermis, the operation apparently causes obliteration of the vessels, as it is followed by the disappearance of the redness and thickening. Not unfrequently, it is true,

this result is only obtained after repeated operations and the development of superficial suppuration. Superficial nævi have sometimes been destroyed by a similar application of the curette. In the two cases reported, the operation was entirely successful.

Finally, the two remaining cases presented the third degree of acne rosacea, namely, great thickening of the skin of the nose, with the development of fleshy excrescences. These were treated by the knife, the protuberances and hypertrophied parts being cut off or trimmed down. In one of the cases, a fleshy mass, which extended nearly an inch beyond the nasal cartilage, was removed by the elastic ligature for fear of hemorrhage, but Prof. Hebra states that in a similar case, he would not hesitate to remove the mass at once with the knife. In each case, he succeeded in forming a very presentable nose, to the great delight of the patients and his own satisfaction.—*Wiener Med. Wochenschr.*, Jan. 5, 1878.

HYSTERIA IN A BOY.

Dr. Warren, in the *North Carolina Medical Journal*, says:

I was recently called to a case of hysteria in a boy of twelve years, which had existed for sometime without having been recognized by his regular medical attendant. Finding the symptoms urgent, I gave him injections of chloral in solution, and applied ice to the spine, with the result of promptly restraining the paroxysms. During my absence, at a subsequent period, he became again convulsed, when, instead of resorting to the remedies which had been previously employed, his attendant made the attempt to quiet him by the forcible administration of chloroform. Instead of the desired anæsthesia, a fearful delirium—an excitation of the most aggravated and distressing character—was induced, which continued for several days and precluded a recourse to the treatment which had originally proved so successful. In this emergency, I ad-

dressed a note to Professor Charcot, requesting a consultation at the earliest possible moment. As an act of special courtesy to an old friend, he came on the succeeding day at a late hour, although to do so he had to disregard engagements which would have required, for their fulfillment, an entire week—such is the demand for him at the present moment in Paris. After making a thorough examination of the patient, he agreed to the correctness of the diagnosis already made, and recommended a course of hydrotherapy in an establishment especially devoted to that mode of treatment. As you are doubtless aware, Charcot believes that the sovereign remedy for hysteria, in all of its phases, is cold water, together with the removal of the patient from the scenes and persons in connection with which, and with whom the disease has been primarily developed. His advice was followed in this instance, and the little fellow began to improve at once, and is now comparatively well. I have referred to this case, not so much because of any special attention which attaches to it, but rather for the purpose of introducing the great man whose experience and skill I was so fortunately able to invoke in behalf of my patient. As a neuro-pathologist, in the broadest and highest sense of that term, Charcot stands *primus inter pares* in the medical world of France. He is, in fact, the great authority to whose dicta the profession bows in unquestioning reverence, and in whose career it feels the deepest interest.

Dr. Valquardsen reports, in Schmidt's Dictionary and the *Pesth Medico-Chirurg. Presse*, No. 39, 1877, a case of sciatica, which lasted for two years, and defied all treatment. He then arrived at the idea of trying the internal use of phosphorus, which he prescribed in doses of fifteen milligrammes (about one-fourth of a grain) three times a day. Three days sufficed to obtain a marked improvement, and three weeks brought a complete cure.—*Lond. Med. Record*.

THEORY OF THE ACTION OF QUININE.

Dr. F. W. Moinet, at the close of a careful article on this subject, in the Edinburgh *Medical Journal*, says: Arsenic, caffeine, alcohol, beberia, piperine, gentian, capsicum, strychnia, etc., although differing considerably both in kind and degree of active power, have some power over intermittent fever and other diseases of a nervous pathology. In fact, as adjuvants, and occasionally as substitutes, they are invaluable, as clinical experience has amply testified. In virtue, however, of certain peculiar properties, one is more useful than another in different nervous diseases, due partly to their somewhat different actions, the part of the nervous system affected, and the cause of the disturbance. Thus, quinine appears to exert an influence on that part of the nervous system for which the malarial poison has a special affinity, and, in virtue of this, is more curative than the other remedies, just as arsenic has a special tonic influence on the motor nerves, in virtue of which it is more powerful in chorea, and caffeine, an action on the pulmonary nerves, which renders it more useful in asthma; hence, we believe quinine to act in malarial diseases as a stimulant or sedative to the nervous system, especially to that part most implicated in these diseases, and that it is principally in virtue of this action that it proves curative by rendering the malarial poison inoperative by an antagonistic action on the nervous system, and that it proves beneficial in proportion as the nervous disturbance is predominant, and to the absence of complications. Although we arrive at this conclusion by argument, and not direct experiment, the evidence in its favor appears to us so strong as to give it the place of a more than probable theory, and to be a much more reasonable explanation of its action than any other as yet brought forward, and that, by this method of reasoning, it is possible to arrive at correct conclusions, in absence of direct experience, the literature of therapeutics amply shows.—*Med. & Surg. Rep.*

LUPUS.

Dr. Taggart, of Arizona, reports the following case of Lupus in *Pacific Medical Journal*:

John Brown, aged forty-five, and in good general health, called on us December 1, 1877, for treatment for an ulcer on the left side of the nose, extending from near the middle line to within one-fourth of an inch of the inner canthus. It was this near approach to the eye that induced him to seek assistance. The ulcer first appeared about fifteen years since as a pimple near the point of the nose, and refusing to heal, slowly advanced upward, the skin over which it passed resuming its natural appearance. Sometimes the ulcer would seem to be almost entirely well, only a dry scab apparently being left, but always recovering itself and resuming its march. Some two years since it arrived near its last position, where it was attacked with caustic, presumably nitrate of silver, by a physician under whose care he then was, but it refused to heal, and it was noticed, after the inflammation incident to the use of the caustic had subsided, that it was deeper than before, and would sometimes be visited by burning or stinging pains. We found the ulcer elliptical in shape, the greater diameter horizontal and about three times as long as the other, its cavity filled with pale, sickly-looking granulations. The first application was of zinc chlor.; sanguinaria pulv.; glycyrrhizæ pulv., equal parts, mixed with water to a paste. The ulcer was filled with this preparation, which was not removed till next day. Very little pain followed. When the caustic was removed, a poultice of slippery elm was applied. In about three days the eschar separated in a mass, leaving a healthy sore. In less than two weeks it was well. The only mark left is a firm, linear cicatrix about an inch in length.

INTERTRIGO IN CHILDREN.

Dr. Wertheimer recommends the use of corrosive sublimate (gr. i to oz. iijss of water) for the intertrigo of children, as the most effective remedy.

CHLORAL IN DYSENTERY.

Dr. Wm. L. Newell, in the *Phil. Med. Times*: A weak solution of that valuable medicine on chronic ulcers manifested such favorable results in my hands that I conceived the idea of using it locally on the inflamed and congested bowel in dysentery. The first case had been under the usual treatment for three days without relief. The child, aged eleven, was tormented with thirst, pain and tenesmus, with twenty-five or thirty dejections in twenty-four hours. In connection with other treatment I ordered five grains of chlor. hyd., dissolved in two ounces starch gruel, thrown up the bowel with considerable force from a hard rubber syringe. It remained three hours, during which the child slept. Many of the other symptoms were modified, and the injection was repeated, which remained seven hours, when it came away with some fecal matter, but without tenesmus. The child asked for food, which was given in the form of mutton tea thickened with boiled wheat flour. All treatment ceased in forty-eight hours from the first enema, four being given in all. The case seemed so satisfactory that I mentioned it to my confrere, Dr. J. S. Whitaker, who has pursued the same treatment with the most happy results in every case, aborting the disease within a few hours. I may mention that he used ten grains instead of five with a lady, aged twenty-five years, who had twenty or thirty calls in twenty-four hours, with complete repose for eight consecutive hours, with permanent abatement of all other symptoms, without other treatment. — *Louisville Med. News*.

A NEW TREATMENT OF TAPE-WORM.

From the results of numerous experiments, M. Bouchut had ascertained that not only ascarides, but fragments of tænia, when placed in a weak alcoholic solution containing one thirty-fifth of amylaceous pepsine, are digested by the fluid in the course of twelve hours. We thus obtain an artificial digestion of the

animal matter exactly similar to that which ensues when meat is treated by the same process. On submitting the conclusion drawn from his experiments to the test of practice at the Enfants Malades, M. Bouchut found that the solution of pepsine was eminently successful. If his experience be confirmed, a valuable addition will be made to adult as well as infantile therapeutics. In conclusion, we may observe that animal food is, almost certainly, the channel through which the parasite is conveyed; and hence that official inspection of suspected dealers in meat would form a useful adjunct to the practice of the physician. — *Ib*.

MORPHOLOGICAL CHANGES IN SYPHILITIC BLOOD.

In the Section on Practical Medicine, at the American Medical Association:

"Dr. Ephraim Cutter, of Boston, gave a micro-photographic exhibition of the morphological changes which occurred in the blood in consequence of syphilis. The diagnosis of syphilis was based upon the presence in the blood of a copper-colored filiform growth with rounded and enlarged extremities and spores. Dr. Cutter regarded the demonstration as corroborative of the claims made by Dr. Salisbury in connection with the same subject.

"He thoroughly believed that positive diagnosis of syphilis could be made by microscopical examination of the blood.

"He also believed that Löffler was correct in his statement that the white blood corpuscles were enlarged in syphilis; but he should have insisted upon the copper color of the spores." — *Ex*.

PERSISTENT HICCUGH TREATED SUCCESSFULLY BY PILOCARPINE.

Dr. Ortille, of Lille, writes to the *Bull. Gen. de Therap.*, 1878, p. 412, giving an account of a case of obstinate hiccough, in which, after trying all the usual remedies, he had recourse to electricity, which was found so successful by

Dr. Dumontpallier. For a few hours, the electrical applications appeared to prove successful, but the hiccough returned. Dr. O. was about to apply electro-puncture, with a view of tetanizing the diaphragm, when, recollecting what he had read of the action of pilocarpine upon the phrenic nerves, and of the vomiting which so often follows its use, he injected two and one-half centigrammes (two-fifths of a grain) of pilocarpine under the skin. The effect was surprising and almost instantaneous. A quarter of an hour after the injection, the patient was covered with sweat, salivation was established, and the hiccough had ceased, not again to recur.—*Id.*

THE USE OF OLEATE OF MERCURY IN EYE DISEASES.

M. Landeberg, M.D., in the *Medical Times*, says:

From an experience extending over several months, gained in a large number of conjunctival and corneal affections, which I treated according to the same indications with the new preparation as formerly with the yellow oxide of mercury, I am fully justified in saying that the oleate of mercury has all the qualities that will render it fit to supplant entirely the former preparation in oculistic practice.

The oleate of mercury is mixed very easily with cosmoline, undergoes no decomposition or rancidity, and remains for any length of time without the slightest alteration. It may be prepared in its proper form by any skillful pharmacist. The ointment presents a yellowish, diaphanous appearance of slightly firm consistency. Brought between the eyelids, it readily melts, and can be rubbed in so completely that not the smallest particle remains. Its capability of assimilation and absorption is very great. The reaction of the eye upon the application is but inconsiderable, less than upon the use of the yellow oxide ointment.

The only precaution to be observed by the pharmacist, in preparing the oleate,

is to see that the oleic acid be pure, and that it be recently prepared with fresh oil of sweet almonds.

A CASE OF HEMORRHAGIC COXITIS CURED BY PUNCTURE.

C. Langenbuch, in the *Deutsche Zeitschr. f. pract. Med. (Obl. f. Med., 1878, p. 285)*, gives the case of a seventeen-year-old otherwise healthy girl, who, after an attack of polyarthritis, suffered great pain and swelling in the left hip-joint. A puncture undertaken with antiseptic precautions gave exit to some one hundred centimetres (three ounces) of a bloody fluid. The whole limb was put up in a plaster-of-Paris bandage, pain ceased at once, and a cure was effected within a few weeks.—*X. in Med. Times.*

NITRATE OF SILVER INJECTION IN CHRONIC DYSENTERY.

Dr. H. C. Wood strongly recommends the solutions of nitrate of silver in the treatment of chronic dysentery. He dissolves from forty to sixty grains of the salt in a quart of warm water, which he then throws into the bowels by means, preferably, of a gravity syringe, which enables the fluid to reach a high point in the affected colon. The injection is usually retained from five to fifteen minutes, and may be repeated daily, or less often, as the case may demand.—*Phila. Med. Times.*

TREATMENT OF CANCER BY PRESSURE.

This is the very latest novelty in the treatment of this disease. M. Bouchui has invented a cuirasse of vulcanized india rubber, which he is said to have used with success for the treatment of cancerous and other tumors of the breast. The idea is not new, experiments having been tried in this direction without success. An analogous method is the ligation of the nutrient artery of such a growth, as in disease of the tongue.

The 'Lancet' remarks that it is obvious if pressure is to be effective it must be applied around the periphery of the

growth, where the cell proliferation is most active. This must be obtained, it is said, by the careful adjustment of pads of cotton-wool. The neatest plan would seem to be the employment of compressed sponges, which might be bandaged firmly around a tumor of the breast, and then allowed to swell by imbibition of water. The constriction of the chest would, of course, be great and thoracic respiration seriously interfered with. But the patient might be kept in bed, where abdominal respiration might suffice.—*Boston Med. & Surg. Jour.*

TREATMENT OF REMITTENT FEVER.

Dr. Clay, in the "Nashville Medical Journal," reports a case of bilious remittent fever as follows:

R.—1. Hyd. chlo. mit. grs. 10.
To be taken in broken doses and followed with castor oil.

R.—2. Pulv. opium grs. j.
Gum camphor. grs. i.
To be taken every four hours.

R.—3. Tr. veratrum viridi. gtt. ijs.
Aconite root. gtt. ijs.
The quantity to be taken every two hours during exacerbations.

R.—4. Sulphate, quinine. grs. 10,
every four hours during remissions.

Cold applications to head, sponging, cold drinks freely, good ventilation.

In twenty-four hours the bowels had moved gently. Patient expressed himself as feeling much better, with some appetite. Temperature, almost normal; pulse about the same as during remission. Urine highly colored, but no hemorrhage.

Treatment.—Discontinued use of sedatives and mercury, lessened quantity of opium and camphor. Patient gradually improved, and on the fourth day of my attendance was dismissed, cured.

CHLORAL AND GLYCERINE IN CONSTIPATION.

A patient of a medical friend discovers that chloral solution relieves habitual constipation. He had been injecting chloral solution, 10 grains to 1 ounce,

with a bulb-pipette into the rectum, and externally to the anus to relieve pruritus of the parts, when he discovered that he had a prompt evacuation of the bowels. Thinking it an accident, he repeated it often enough to convince himself and his physician. Dr. Hanson, of Davison's Station, Michigan, uses one part of glycerine to six, eight or ten parts of warm water to produce the same effect. *N. C. Med. Jour.*

THIERSCH ON CAUTERIZATION OF NÆVI.

London *Medical Record*: Dr. Thiersch applies over the surface of the tumor a little plate of copper, pierced at regular and small distances with small holes. Through these he passes a needle mounted in a cork, and previously heated in a spirit lamp. The cauterization is thus effected very regularly. The same method is applicable to the liner division of the skin by a cutting needle, recently recommended by Mr. Balmanno Squire.—*Id.*

JABORANDI IN OBSTINATE HICCOUGH.

Dr. Ortille, of Lille, relates (*Bull. de Therapeutique*, May 15) a case of most obstinate hiccough, in which he had tried a great variety of means, including electricity and hypodermic morphia injections—the hiccough even continuing during the sleep caused by this last. He then tried the hydrochlorate of pilocarpin on account of its action on the phrenic nerve. A hypodermic injection of two centigrammes and a half was inserted with almost immediate effect, so that in a quarter of an hour, the patient was bathed in sweat, salivation was established, and the hiccough disappeared, never to return.—*Med. Times and Gaz.*

Dr. Chenoweth, in the *Louisville Medical News*, says: "I do not not hesitate to employ chloroform in the first stage of labor, which the presence of a rigid os promises to render tedious. I give it in the last stage of labor, which uterine contraction and a resisting perineum render more than ordinarily painful.

PRACTICAL NOTES AND FORMULÆ.

TYPHO-MALARIAL FEVER.

The following note from one of our esteemed readers I hope will attract attention. The subject is an important one, and, we trust, will call forth a practical contribution from one or more of our readers. The editors have nothing specially new or important on the subject:

ELMO, TEXAS, July 11, 1878.

Dear Sir—

Could you not get up an exhaustive paper on typho-malarial fever? I have as yet seen scarcely anything on the subject. Even the text-books barely mention it. Yet, it is very common here, and is very fatal. I should like to have the pathological lesions—especially of the bowels. I saw some fifteen cases of it in Terrell last fall. There have already been some four or five here within the last three or four months, and this season bids fair to breed a large crop of it.

You could not get out a more timely and useful paper.

About fifty per cent. died of it.

Yours, truly,

R. FOWLER, M.D.

RIGID OS—CAUTION.

Dr. Evans (in *Med. Brief*) recommends the following large opiate as very efficient in protracted labors caused by rigid os.

R.—Opium.....1 grain.
Morphine..... $\frac{1}{2}$ of grain.
Subnit of bismuth.....10 grains.

He says we get in this combination “the prompt effect in the morphine and the more lasting and uniform effect by combining the two.” We approve of the method of a decided opiate in such cases, but the practitioner must look out for idiosyncrasies as to opium, and remember that so large a dose as above ad-

vised would not be borne with safety in every case.

In the same journal, Dr. Ruff advises for tedious labors—

Morphine sulph.....1 grain.
Chloral hydrate.....80 grains.
Tinct. gelsemium.....1½ drachms.
Aque to make.....2 ounces.

Dose, tablespoonful every half hour. Here again we must caution the practitioner that the dose of gelsemium is too large for indiscriminate use.

SALICYLIC ACID.

Editor Record—

Will you please tell me, through your journal, what the best vehicle is for giving salicylic acid, and oblige

W. C. R.

To the above inquiry, we reply that on page 156 of our last year's volume may be found an article on this subject, in which Dr. Barkley, of Kentucky, suggests the use of sweet spirits of nitre as the best solvent for salicylic acid.

R.—Salicylic acid.....dr. j.
Sweet spits. nitre.....dr. iv.

This may be diluted with water and given in doses of two to four drachms for an adult. One ounce of spirits nitre will dissolve 16 grains of the pure acid. The remedy may be used in the form of the salicylate of soda. The following formulæ have been recommended:

R.—Acidi salicylici.....dr. j.
Olei amygdalæ (expr.).....dr. v.
Pulv. sacchari.....dr. iiss.
Syrupi amygdalæ.....dr. vj.
Aque aurantii flores.....oz. iij.

M.

FOR CHILDREN (NO. 1).

R.—Acidi salicylici.....dr. j.
Spits. rect.....dr. iiss.

Dissolve.

(NO. 2.)

Potassi citratis.....dr. j.
 Syrupi aurantii.....dr. ij.
 Aquæ.....dr. iijss.

Mix with No. 1 and filter, and then dilute with water to taste. Dose, one teaspoonful.

TO PREVENT DIPHTHERIA.

Chapman, in his work on the "Antagonism of Alcohol to Diphtheria," states that those exposed to infection should be protected by having a free circulation of air through the house, and by taking a certain amount of alcohol each day. The following formula is recommended:

R.—Quinoidine, } aa.....gr. xij.
 Cinchonise sulph } to.....xxiv.
 Acid. sulph. aromat.....dr. ij.
 Sp. Frumenti.....oz. viij.

M. S. Fifteen drops to a tablespoonful four or five times a day.

The same formula, with quinia substituted for quinoidine, is given to a patient who has the disease, only shortening the interval to one or two hours. He holds also that alcohol is antidotal and remedial to scarlatina. In the latter disease, he uses—

R.—Liq. ammonise acetat.,
 Sp. frumenti.....aa. oz. ij.

M. S. Two teaspoonsful every hour and a half in water.

FOR NERVOUS PALPITATIONS.

R.—Pulv. assafoetida.....grs. xxxvj.
 Digitalis pulv.....grs. iij.
 Ext. valerianæ.....grs. vij.

M. and make 20 pills, one to be taken morning and evening. NAPHEY.

SUBSTITUTE FOR MOTHER'S MILK.

Dr. Marsh (in Ob. Gazette) mentions the following as the nearest approximation to the mother's milk that can be made:

Cow's milk, fresh.....8 parts.
 Water.....1 part.

Sugar of milk one teaspoonful to a half pint of the mixture.

FOR COLLEQUITIVE DIARRHŒA.

A favorite prescription of Prof. Da-Costa, of Philadelphia, in the latter stages of consumption attended by night sweats, diarrhœa and debilitating cough, is the following:

R.—Morphæ acetatis.....grs. ij.
 Potassii cyanidi.....grs. j.
 Acidi aceticæ.....dr. j.
 Ext. pruni. virginianæ fluidi
 Misturæ acaciæ, aa.....oz. ij.

M. S. A teaspoonful 4 to 6 times per day.

Another good formula for this condition is the following:

R.—Muriated tinc. iron.....oz. j.
 Muriatic acid, dilute.....dr. ij.

M. Twenty drops before meals in half teacupful of sweetened water, drawn through a quill to protect the teeth.

ORGANIC HEART DISEASE.

In palpitation from valvular disease or other organic heart trouble, the following is very useful:

R.—Spts. nitre compositus.....dr. ij.
 Tinc. hyosciami.....dr. jss.
 Decocti senegæ.....oz. iij.
 Misturæ camph.....oz. iv.

M. Dose, one or two tablespoonfuls frequently taken.

Another—

R.—Potassii bromidi.....gr. xv.
 Tinc. digitalis.....gtt. v.

To be taken two or three times per day.—*lb.*

COUGH MIXTURE.

In any severe cough where the tongue is red or the throat sore, the following is recommended by Dr. Powell, of Brompton, as a superior remedy:

R.—Potassii chloratis.....gr. xl.
 Morph. muriatis.....grs. ij.
 Glycerin.....oz. j.
 Syrup.....oz. 3½

M. To be taken undiluted and slowly for both its local and constitutional effect. Dose, one teaspoonful three or four times a day.

LEUCORRŒA.

Dr. Cronyn (in Buffalo Medical Journal) recommends the following as injection in ulceration of the os to be varied in strength according to the severity of the case:

Acidi carbolici,
Liq. plumbi subacet,
Fluid Ext. papaveris,
Glycerine,
Aqua rosa.

And also the following tonic medicines, by the stomach, for the relief of the dozen and one complaints always attendant upon such cases:

Tinct. ferri mur. dr. iii.
Tinct. nucis vomica dr. ii.
Tinct. calumbo oz. ii.
Aqua cinnamoni oz. ii.
Syrupi simplicis q. s.
Ft. mist oz. viii.
Signa.—One tablespoonful three time a day.

NERVINE AND ANTISPASMODIC.

A favorite prescription in the Hospital of Chest Diseases, London, is the following, useful in epilepsy, chorea, dysmenorrhæ, hysterica epileptica and like nervous conditions:

R.—Potassii bromidi gr. x.
Tinc. conii gtt. xxx.
Tinc. val. ammoniac gtt. xx.
Aque camph oz. j.
For one dose thrice daily.

LACTOPEPTINE.

In the treatment of infantile diarrhœa, produced by imperfect digestion, we have had most satisfactory results from the use of lactopeptine; also, in cases of impaired digestion in old persons. This is one of the most valuable pharmaceutical preparations that has been placed in the hands of the profession. We take pleasure in attesting to its value from a considerable experience in the use of it.—*Cin. Lan. and Ob.*

TONIC IN PHTHISIS.

Dr. Curran, of Dublin, uses the following as a superior tonic in the latter stages of consumption:

R.—Zinci oxidi gr. ij.
Ext. conii gr. j.
To be taken in pill three times a day.

CASTOR OIL EMULSION.

Dr. Ezell (in the Louisville Medical News) recommends the following mixture as serving to deprive the oil of every disagreeable feature. It would seem to be well adapted as a purgative for delicate stomachs, where castor oil is indicated. In children especially it would answer well, and as a laxative in child-bed—

R.—Oleum ricini 1 ounce.
Tinc. cardamon com ½ “
Ol. gaultheriæ 4 drops.
Pulv. sacchar } aa 2 drachms.
Pulv. sacch alb. }
Cinnamon water to make 4 ounces. Mix.

He does not direct the dose. We suggest that for an adult one-half the mixture should be given, and repeated in two hours. For a child one or two years old a tablespoonful every hour until it operates. The cinnamon being astrigent, we suggest mint water instead.

INSECTS.

The *Journal of Chemistry* says that hot alum water is the best insect destroyer known. Put the alum into hot water and let it boil till the alum is dissolved; then apply it hot with a brush to all cracks, closets, bedsteads, and other places where any insects are found. Ants, bed-bugs, cockroaches and creeping things are killed by it; while there is no danger of poisoning the family or injuring property.

SUMMER COMPLAINT.

Dr. Gibbon, of North Carolina, claims great success in summer complaint of children. He gives 10 grains of sub. nit. bismuth every 1, 2 or 3 hours according to severity of the case. In cholera infantum he gives first a dose of calomel and follows with the above treatment.

CINNAMON IN HEMORRHAGE.

R.—Oil cin 1 ounce.
Alcohol (98°) 8 “
Dose, 5 to 30 drops oft repeated.

SCIENTIFIC ITEMS.

FORZEN AIR.

M. Carelletet inclosed in a strong glass tube, dry air free from carbolic acid; he cooled with protoxide of nitrogen the upper part of the tube only. When the pressure was 200 atmospheres, streams of liquid air were seen flowing down the lower parts. When they met the mercury they seemed to turn back.

At 310 atmospheres, the mercury being in contact with the cooled part of the tube, was frozen, and on quickly removing the refrigerating apparatus, it was seen to be covered with what was probably *frozen air*.

DYNAMITE.

Mr. Starr, in the minutes of the Connecticut State Board of Agriculture, says:

"I know but little about it (dynamite) except from results shown on my fields. A Mr. Parmelee, who makes it his business to blow up rocks with dynamite, passing my place, I asked him to experiment in one of my fields, which I proposed to clear of rocks. There was a large number of such as could not be blasted with powder, and I asked him what he could do. I said, 'I want you to experiment, and if you satisfy me I will let you work for a day or two.' I pointed to a rock $10\frac{1}{2}$ feet long, $5\frac{1}{2}$ wide, and 9 or 10 inches thick; such a rock as would be difficult to blast with powder. I took out my watch, and in $7\frac{1}{2}$ minutes the rock was in atoms. I directed him to another larger rock, a shallow one, and he destroyed it in about the same time. I then set him at work during the afternoon, and I was so well pleased with the result that day, that I allowed him to work $2\frac{1}{2}$ days on my farm, for which I paid him \$80. I took care to have as few of my men with him as possible, for

fear of accident. I am free to say that the same number of men, judging from the experience I have had in blasting for six years, could not have done in a month what he did in $2\frac{1}{2}$ days."

PREVALENCE OF OUR COMMON DISEASES IN JAPAN.

Dr. Stuart Eldridge, of Yokohama, a distinguished physician, who has had a long and varied experience in this country in hospital work and as an active practitioner, has kindly furnished me with the following data at my request: "Scarlet fever almost unknown, never epidemic. Diphtheria almost unknown, never epidemic. Severer forms of bowel disease, such as dysentery and chronic diarrhoea, very rare. Malarial diseases of a severe nature, uncommon; even the milder forms in most localities not common. Typhoid and typhus rarely epidemic, the latter uncommon."

With these facts before us, let us examine the conditions of living among these people. It is well known that their houses are so arranged that the winds blow through them from one end to the other. In summer they are entirely open.

Prof. E. S. MORSE,

in Popular Science Monthly for Jan.

METALS IN THE SUN.

Out of the fifty-one metals with which we are acquainted here, more than 30 have, by means of the spectroscope, been discovered in the sun, and a distinguished scientist expresses the opinion that the sun consists wholly of metallic substances.

It is said that in China the telephone is used on a large scale. Very convenient, as the nature of the Chinese language prevents the use of the telegraph.

EDITORIAL AND MISCELLANEOUS

☞ All communications relating to the business of **THE RECORD** for the years 1877 and 1878, must be addressed **DR. R. C. WORD**, Managing Editor Southern Medical Record, Atlanta, Ga.

☞ Brief and practical communications are solicited on all subjects pertaining to medicine; also reports of cases in practice.

☞ Send money by check, postal order or registered letter.

☞ Write your name, post-office, county and State plainly.

NOTICE.

This number of our journal will be sent to many who are not subscribers. We respectfully ask them to try our journal. They will not regret it. The back numbers can be supplied, or may subscribe for six months from the July number.

TO OUR SUBSCRIBERS.

Please remit your subscriptions for the present year at once. Don't put it off. This is the tightest season of the year in journalism. We greatly need the many small amounts which in the aggregate are very necessary to us. *Please take due notice thereof and govern yourselves accordingly.*

IS IT QUACKERY?

The following card has been sent us by a medical friend as emanating from a professed regular practitioner in Arkansas:

"DR. ———,
PRACTICING PHYSICIAN.

"Special attention paid to Scrofula, Rheumatism, and Diseases of Women and Children. Syphilis permanently cured without mercury."

Our opinion is asked as to whether the card is ethical. The physicians in the place refuse to consult with the party, not only because the card itself is doubtful, but his conduct is otherwise unprofessional; and yet, inquiries touching his standing in other communities have been answered in his favor.

We hesitate not to say that the above card carries on its face unmistakable evidences of deliberate quackery. Those at a distance, who have recommended him, are, however, not necessarily involved in censure, as his past career may have conformed to the highest professional standards, while his removal to another field may have been for the express purpose of entering upon a career of quackery.

If, however, from personal friendship and ring

fellowship, or like motive, an unprofessional act be indorsed or ignored by a member of the profession, or by a medical society, such member and such society is *particeps criminis*, and equally culpable with the offending party.

It is not surprising when we consider the ignorance of the public—even of intelligent men—in regard to medical science, and the propensity of the people to accept the pretensions and pay their money to boastful and brazen-faced empirics, that men, weak in principle, should be found who yield to the temptation to enter the easier, and oftentimes, we are sorry to say, the more successful arena of fraud and deception.

As to whether specialties are or are not strictly ethical is a question upon which much difference of opinion exists in the profession. The code forbids them. But many good men in the profession advocate them as the best means of development and progress in the various branches of medical science. It being claimed that human life is too short, and the medical sciences too wide and extensive for any one man to do justice to the whole. When this question was sprung at the last meeting of the Georgia Medical Association, a majority seemed to hold the position that it is legitimate and proper for one who has first gone through with the entire curriculum of our colleges, and devoted himself for a time to the general practice, to take a specialty, and thoroughly perfecting himself therein, give exclusive attention to its study and practice. Every one cannot, of course, be specialists, but the general practitioner, it was claimed, would gladly have such specialist, to whom he could turn over cases which he was not himself able or prepared to manage, provided the specialist would treat him with due consideration and courtesy as the family physician. Such a specialist, confining himself to his legitimate branch, and having at hand all proper instruments and appliances for its proper and successful practice, and who does not travel from point

to point, or advertise himself in unprofessional ways, is generally not only tolerated, but honored by the profession at large. We think it, therefore, probable that a specialism of the form just described will, at no distant day, be recognized and inculcated in the code of ethics.

COCA ERYTHROXYLON.

To a note of inquiry from a medical friend we answer: Little is known, experimentally, of the Coca Erythroxyton in this country, as its introduction is recent. Its effects upon the nervous system are very similar but perhaps more prolonged than those resulting from coffee, producing considerable excitation of the circulatory and nervous systems, and a feeling of exhilaration and vigor followed by wakefulness.

In cases of debility from insufficient food as loss of sleep, it tones up the system, increasing the muscular energy and thus proving very useful to soldiers when under long and exhaustive marches. The leaves are not in this market, but the fluid extract may be obtained.

Dr. Verardini, of Bologna, recommends its use in connection with ergot in paralytic cases. A preparation obtained from the leaves, known as the sulphate of cocaina has been found useful in intermittent fevers.

CRAWFORD W. LONG.

Just as we go to press we have received a Tribute of Respect prepared by the physicians of Athens to Dr. CRAWFORD W. LONG, who died in November last, received too late for insertion in the present number of our journal.

Dr. Long was, without doubt, the discoverer of anaesthesia by sulphuric ether. The committee who drew up the paper claim this for him, and appeal to the legislature of Georgia to erect a monument to his memory by reason of his great discovery. It is right that this should be done, and the profession everywhere, especially in Georgia, should encourage this proposition, and should hasten to accord to Dr. Long the honor due him, and which has, to the shame of the profession in our State, been heretofore neglected.

Not only a monument should be erected, but a substantial and liberal appropriation should be made to his family, and this should not be deferred, as is generally done, until the immediate relatives are dead and gone, to be enjoyed and quarreled over perhaps by remote descendants or heirs who may feel no interest in his memory, and have no proper sense or appreciation of the honor and benefits conferred.

LITERARY NOTICES.

Berberidaceæ.—The botanical description, commercial history, medical properties and pharmaceutical preparations. By C. G. & J. N. Lloyd, Cincinnati.

This is an interesting pamphlet of 16 pages, which the author proposes to furnish to any member of the profession who will enclose a stamp to cover postage.

The native genera of the nat. ord. Berberidaceæ are Berberis, Caulophyllumthalicoides, Daphyllum, Jeffersonia Podophyllum, Vancouveria and Achlys. These several varieties are described by the author, and a beautiful illustration of the Berberis is given.

THE SUNNY SOUTH—A weekly paper, devoted to Literature, Romance, Science, Education, Temperance and Southern progress. J. H. & W. B. Seals editors and proprietors, Mrs. Mary E. Bryan associate editor, Atlanta, Ga. Terms, \$8 per annum in advance.

We take pleasure in recommending the above paper to our readers as an excellent one. The Messrs. Seals are both able and experienced journalists, and have brought to their aid the editorial services of Mrs. Mary E. Bryan, of whose great talent and popularity as a writer the Southern people are justly proud.

The ruinous and suicidal habit of the Southern people to disparage and neglect all literary enterprises in their midst, can find no shadow of pretext in the case of the **SUNNY SOUTH**, as it is fully equal, if not superior to the best Northern journals, and is eminently worthy of patronage and support. W.

CHOLECYSTOTOMY, for the removal of gall-stones in dropsy of the gall-bladder, by J. Marion Sims, M.D., founder of the Woman's Hospital of the State of New York, ex-President of American Medical Association, etc., etc.

An interesting paper giving an account of the removal of gall-stones from the gall-bladder by a remarkable operation, which, though skilfully performed, resulted unfavorably.

THE BEST POCKET ANATOMIST—By C. Henry Leonard, A. M. M.D., Detroit, Michigan, pp. 60. Price 50 cents.

A very useful little work for medical students.

ANTAGONISM of Alcohol and Diphtheria, by E. N. Chapman, A. M., M.D., Prof. of Materia Medica and Therapeutics and Clinical Midwifery, etc., etc.

A neat little work of 98 pages, containing both

theoretical and practical suggestions which should be examined by the profession.

MEDICAL ELECTRICITY.—Electro vapor and medicated baths for the cure of chronic and specific diseases not amenable to ordinary remedies. By Dr. C. V. Meador, Little Rock, Ark.

A neat little work of 80 pages.

ATLAS OF SKIN DISEASES, by Louis A. Duhring, M. D., Prof. of Skin Diseases in the Hospital of the University of Pennsylvania. etc. Part IV. Philadelphia, J. B. Lippincott & Co., 1878. Price \$2.50 per part.

On a former occasion we referred to this excellent work. In the present number we have life illustrations of vitiligo, alopecia, areata, tinea favosa, eczema rubrum. Every medical man ought to possess himself of this beautiful, practical and useful work of Prof. Duhring.

OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION

APPOINTED AT ITS LATE MEETING:

President—Theophilus Marvin, MD, of Indiana.

Vice-Presidents—A J Fuller, MD, of Maine; W F Westmoreland, MD, of Georgia; John Morris, MD, of Maryland; John H Murphy, MD, of Minnesota.

Treasurer—Richard J Dunglison, MD, of Pennsylvania.

Librarian—Wm Lee, MD, of the District of Columbia.

Committee of Library—John Eliot, MD, of the District of Columbia.

Next place of meeting—Atlanta, Georgia.

Time of meeting—The first Tuesday in May, 1879.

Assistant Secretary—Scott Todd, MD, of Atlanta, Georgia.

Committee on Arrangements—Drs. J P Logan, chairman; H V M Miller, G G Crawford, H L Wilson, J F Alexander, J M Johnson, Charles Pinckney, V H Talliaferro, J T Johnson, of Atlanta, Georgia.

Committee on Prize Essays—Drs. Robert Battey, of Rome, Ga; J G Westmoreland, of Atlanta, Ga; Wm A Love, of Atlanta, Ga; Robert Ridley, of Atlanta, Ga; Henry F Campbell, of Augusta, Ga; J H Van Daman, of Chattanooga, Tenn.

Committee on Publication—Drs. Wm B Atkinson, chairman; T M Drysdale, A Fricke, S D Gross, C Wister, R J Dunglison, of Penn; and Wm Lee, of the District of Columbia.

EPHRAIM McDOWELL, M.D.

A monument is soon to be erected in honor of Dr. McDowell as the father of ovariectomy. It will be a shaft of granite, 80 feet high, with an appropriate inscription upon it.

DERMATOLOGICAL ASSOCIATION.

The American Dermatological Association will be held at Saratoga Springs, New York, on the 27th to the 29th of the present month, August, 1878. Physicians are invited to be present.

DEATH OF DR. TAYLOR.

We regret to learn that Dr. J. N. Taylor, of Co-tile, Louisiana, is dead.

A NICE THING FOR A DOCTOR.

The place mentioned in our last number, as admirably suited for a hygiene home, is at a railroad village in upper Georgia, and is equally well suited for a stock or dairy farm, 125 acres, one-half in cultivation, with springs, orchard, dwelling, etc. Address Business Manager of this journal.

OUR ADVERTISING DEPARTMENT.

Our advertising department is growing, and is becoming an important feature of our journal. A subscriber has complained of this, supposing that we drew upon our space for reading matter to make room for advertisements. This is a mistake. Our reading matter is never diminished, but remains the same, and the advertising is thrown in, so far as our readers are concerned. The more advertisements we have the better able are we to supply a good journal.

TILDEN & CO.

See advertisement by the above large and well known house of their Ergot and Bromo-chloralum.

LOEFLUND'S EXTRACT OF MALT AND LIEBIG'S FOOD FOR INFANTS.

We ask special attention to the advertisement of the above article by Albert C. Dung, Druggist, New York.

FRANKLIN PRINTING HOUSE.

We invite attention to the advertisement of this large and popular printing establishment in Atlanta.

REED & CARNEICK.

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EDITORS:

THOMAS S. POWELL, M. D. W. T. GOLDSMITH, M. D. R. C. WORD, M. D.

R. C. WORD, M. D., Managing Editor.

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ORIGINAL AND SELECTED.

THE ANTISEPTIC PROPERTIES
OF TAR-WATER, AS PROVEN
BY THE FOLLOWING CASES
IN THE PRACTICE OF PROF.
DESAUSSURE FORD, M.D.

Reported by THOS. R. WRIGHT, M.D., Assistant
Demonstrator of Anatomy in the Medi-
cal Department University of
Georgia, at Augusta.

Tar-water having proven itself of such value as an antiseptic in the following cases of Dr. Ford, it occurred to me its value should be made known to the profession at large, but especially to my Southern brethren, who are able to obtain tar from the distillation of the wood of the yellow pine, its chief ingredient, at comparatively little or no expense. It can be prepared by any one in the following manner: Take a quart of *pine tar*, add to it a gallon of water and let

it remain for forty-eight hours, when the water may be drawn off and used. The vessel can be refilled with water several times before that amount of tar will cease to impart its virtues. When made in large quantities, as at our City Hospital, five gallons of tar to the barrel of water, refilling the barrel as often as the water is taken out, until it ceases to have any tarry odor, or to be of a pale straw color. The antiseptic properties of tar-water are due to the hydro-carbons which abound in pine tar, but chiefly of these to pyroligneous acid and creasote, both of which seem to yield their well known antiseptic properties to water.

Tar-water is considered by Prof. L. A. Dugas to be one of the best antiseptics, and it was extensively used by him in the various hospitals under his care during the late civil war. Then it was, he saw its value. Quoting from the Doctor, who says: "The efficacy of tar-water in treating hospital gangrene, is

perfectly marvellous. Not only does it stop the mortification, sloughing and horrible odor, but relieves the awful pain caused by the gangrenous process attacking sound tissues."

It was used by him in the following way: After cutting away all dead tissue the wound was thoroughly mopped or washed out with tar-water, and cloths saturated with it were kept constantly on the wound.

From the time this treatment was inaugurated by Prof. Dugas, there was not a single death from gangrene in his wards, and it was astonishing how rapidly granulations began to form and the wounds to assume a healthy aspect. The wards, which were intolerably offensive, from the number of cases of gangrene in them, also became completely deodorized as soon as the tar-water treatment was begun.

This article has long been known.* The Bishop of Cloyne, writing in 1747, extols it very highly in many diseases, especially fevers. And Dr. Cullen, writing about the same time also speaks of its value. Yet, it is to Prof. Dugas that we are indebted for its discovery as an antiseptic and disinfectant, and for its value in treating hospital gangrene.

Tar-water is considered by Dr. Ford and myself, equal in its antiseptic and deodorizing properties to carbolic acid, besides being a great deal cheaper; an item of no little importance at the present time—feeling perfectly satisfied with the results obtained from using it, as will be indicated. We have never tried it according to the Lister method of antiseptic surgery, but feel confident if it were so tried, it would be as successful in an equal number of cases. It is used in dressing all surgical cases in the City and Freedman's hospitals of this city, just as the carbolized solutions are in the surgical wards of the large hospitals of the North, and with about as good results.

The following cases are but a few wherein its virtue has been proven:

(This case will be reported in full by Prof. Ford in the American Journal of Medical Sciences).

CASE 1. Martha Callahan. From this patient Dr. Ford removed a teratoma or teratoma tumor from the side of the face and neck. After removing the tumor and bringing the flaps together, a sac necessarily remained; a tent was placed in the most dependent portion of the wound for drainage, and that the sac could be daily irrigated with tar-water, which was regularly done, and there being little or no suppuration, the tent was accidentally left out for a day and the irrigation omitted, the wound closed, and at our next visit the sac was filled with pus, which was let out by incision, and was horribly offensive, until some tar-water was thrown into the vessel containing it, when it was immediately deodorized. After this the irrigation was regularly kept up, the amount of suppuration being almost nothing from the sac.

CASE 2. Thos. G——, white. Compound Potts fracture of left leg. Dr. Ford was called to see this case in consultation by his attending physician, about one month after the injury was received. The wound was found in such a condition that after consultation, it was decided to amputate the limb, as the only means of saving the patient's life. Preparation was immediately made for operating, and wishing to give tar-water another trial, a supply of it was obtained and used as will appear.

Upon close examination, it was found that pus had burrowed up the limb as high as its middle third, where it was decided to amputate. Our assistant was directed to keep a constant current of tar-water pouring over the limb from a large sponge, during the entire operation, which was faithfully done. As the knife passed through the skin, the pus spouting out from beneath it, and the fascia was very offensive until a sponge full of tar-water deodorized it, as if by magic. So completely and quickly was this done, that it was immediately re-

* Rees' Cyclopedia, Vol. xxxvi.

marked by those present. The operation was completed, vessels ligated, and flaps brought together by four silk sutures and adhesive plasters. The irrigation with tar-water being kept up continuously. The stump was then dressed with compresses wet with tar-water and bandaged up.

The patient reacted well, and was left with directions to keep the dressing wet with tar-water. The case was then turned over to me to dress. Upon visiting him on the third day after the operation, there was not the least odor about the dressings, and upon removing them there was comparatively no suppuration, possibly a teaspoonful of bloody ooze, mixed with a little pus being found in the compresses, the pus here, I believe to have come from the abscess through which the knife passed, for at no subsequent dressing was there any pus found. The stump looked beautifully. After irrigating well with tar-water, it was dressed as at first, the same method of dressing being kept up every third day for two weeks, after which time, the wound being in such a fine condition, the dressing of it was left to his father. At the present writing, five weeks after the operation, he is going about on crutches with his stump cicatrized over.

CASE 3. Ellen McD—, factory operative. While attending to her loom her right forefinger was caught in the gearing and cut and mangled up as far as the second joint, the ungual phalanx being ground up. Dr. Ford, upon seeing the case, and wishing to save the finger if possible, brought the parts together as well as could be done, with four fine iron wire sutures, and dressed the wound with compresses saturated in tar-water, telling her to keep them so. I also dressed her finger for two weeks, at the end of which she was able to take care of it herself.

In this, as in the other cases mentioned, there was, at no time, any odor or appreciable suppuration. At the present time, she too, is entirely well.

The next case is one which was seen by Prof. L. D. Ford and myself.

CASE 4. Hester —, a colored woman, cook. While attending to her duties in the house of her employer, tripped and fell one evening, while carrying a burning kerosene lamp, which was broken, the oil igniting, and her clothes taking fire—burning both arms, her breast and back very badly. Immediately upon seeing the case, she was punctured with half a grain of morphine, and cloths saturated in spirits of turpentine, were applied to the burned surfaces. (The application of turpentine to burns is a treatment introduced by the Dr., and a very valuable one it is.) Upon removing these cloths the patient's arms and body were enveloped in large compresses, which were ordered to be kept wet with a solution of chloride of soda—it being at night, and in a private family, the soda was more easily obtained than tar-water. The next day she was removed to the freedman's hospital, when the soda solution was superseded by tar-water, the dressings being kept wet with it.

Upon dressing the case three days after the accident, there was no odor and very little suppuration. The wounds were washed and dressed as before, and the cloths kept wet. On the sixth day, we dressed her again. There was still no odor about the dressings, although upon removing them we found that ulceration had begun to take place, and there was some suppuration. She was again dressed, but succumbed to pneumonia on the ninth day.

This case, from the extent of the injury, was considered one of the best wherein the antiseptic properties of this article were illustrated. I would state, that all these cases, save the first, were treated during very hot weather.

Vastly more could be written on this subject, but if I am able to call the attention of the profession to the value of tar-water, as an antiseptic and disinfectant, I am content.

Oxide of zinc is recommended as a specific for the tremor of chronic alcoholism.

THE PITH OF DRIED CORNSTALK AS A UTERINE TENT.

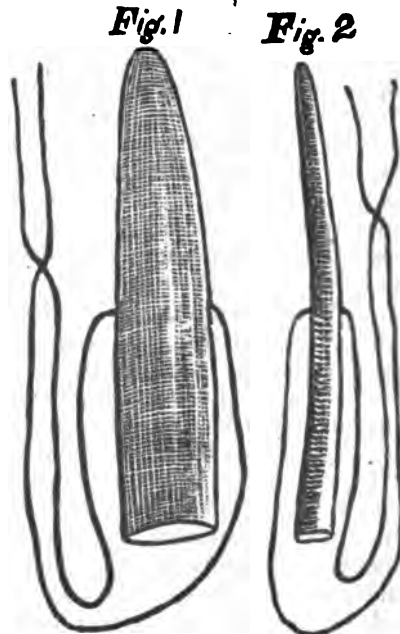
By W. T. GOLDSMITH, M.D., Atlanta, Ga.

The author prepared an article, which was read before the Georgia Medical Association, upon the use of "The Pith of the Cornstalk as a Uterine Tent." By request of the managing editor, I offer a brief synopsis of the practical points of the paper. In the paper referred to, I say:

I have the pleasure of bringing before the profession a new candidate for their consideration as a uterine tent. It is the pith of the dried cornstalk. It may, or may not, have advantages over other materials manufactured into tents. I will permit the profession to determine this matter. To my mind, there are many points of superiority. These points will be developed as I proceed with the reading of this paper. I will, however, pause long enough to show the ease and rapidity with which they can be made. You take a joint of the dried stalk; strip it of its cuticle, and compress the pith, slowly and firmly, between the thumbs and index fingers. You see how compression, made in this way, diminishes its bulk. By continued pressure, you easily reduce it to four or five times less its original size. You can compress it to any intermediate size; or, it may be used without compression to carry medicaments to the interior of the uterus. Because of its ready compression to any desired bulk, you have the tent entirely under your control. Slight compression will give you moderate dilating power. Compress it as much as possible, and you can get a dilating power equal to the sea-tangle or sponge. You may compress the pith first, and afterwards, with a sharp knife, trim to the desired length and size; or, you may first cut the pith to the size you wish it to dilate, and then compress it for easy introduction. Any curve may be given the tent by selecting a piece of pith that has been curved in its growth. The pith absorbs fluids

readily, and, when compressed, expands by such absorption to its original size.

The wood-cut shows the degrees of compression to which the pith may be subjected. Figure 1 shows a piece of pith (with a string passed through it by means of a needle) cut to the size, to which the cervical canal in a given case may be desired to be dilated. Compressed by the thumbs and fingers, it is reduced to the size of figure 2. The cut represents the actual size and preparation of a tent. To reduce figure 1 to figure 2 required *one minute and a half* by the watch. After introduction into the cervical canal, figure 2 will expand to the size of figure 1. More rapid expansion may be had by pricking the surface of the compressed tent, or by forming a canal through the tent by first inserting a wire through the length of the pith before compressing it.



In speaking of sponge tents, Dr. Sims declares he never uses them if he can possibly avoid doing so.

Indeed, so dangerous does he regard them, and so necessary, if possible, is it

to find a substitute for them, that he asserts that "he who will give us an efficient, safe, and cheap substitute for sponge tents will confer a great boon upon surgery."

I offer the cornstalk tent as a "safe and cheap substitute." It remains to be seen if it shall, in the hands of the profession, prove "efficient." As above stated, I have used this tent for the last seven years, testing it before giving it to the profession. During this time, I have not had a single accident from its use, and have introduced it many hundreds of times.

Its advantages I will enumerate as follows:

It dilates effectually, but not too rapidly.

It is smooth, soft, and can be removed without force.

It produces no lacerations, abrasions, or irritation of the mucous membrane.

It can be medicated with any substance as easily as the sponge or cloth tent.

It is of vegetable origin, and, hence, does not become putrid and poisonous to the patient.

It may be retained, non-compressed, for days, without injurious results, if no pain occurs.

A number of small tents, filling up the cervical canal, may be used for more rapid expansion.

It can be prepared, in a few minutes, of any desired curve, size, and length.

Any degree of compression may be given it, or it may be used without compression.

It may be perforated, like the sea-tangle, and its power of absorption increased, by pricking its surface.

It will not break upon introduction in the cervical canal; after introduction, it absorbs the secretions, and can be bent without breaking upon removal.

The introduction of the cornstalk tent is usually no difficult matter. I introduce it before or after inserting the speculum, but prefer the latter method as a rule. After bringing the os into view, by means of the speculum (which can

easily be done, except in cases of anteversion, when the tenaculum will aid in bringing it into view), the tent is carried to the os uteri, affixed to a stick eight or ten inches in length, by means of a needle fixed in the end of the stick. Holding the small end of the tent in the os, the uterine probe, or a small rod, is placed firmly upon the tent, near the point of insertion of the needle. The stick, in which the needle is fixed, is withdrawn, and the tent pushed gently, but firmly, up the cervical canal by the probe. Between the end of the tent and the probe, the latter being held firmly against the tent, a kind of universal joint is formed, permitting the tent to take the surest and easiest direction into the uterus. Frequently, the uterus ascends before the tent (especially if a little too large), as it is being pressed into the cervical canal, and, in straightening the canal, where there exist curvatures from flexions or versions, the probe end of the tent falls back upon the posterior wall of the vagina. The speculum is withdrawn an inch or so, while the probe, with the tent almost at a right angle with it, lifts the tent into the cervical canal, out of sight, where it is left, a string having been attached to it, by which it may be withdrawn. I endeavor always to carry the large end (probe end) of the tent a short distance within the os uteri. When this is done, it is less liable to escape from the canal into the vagina. The size of the tent should always admit of easy introduction. Slight force will, however, do no harm. It is well to place a packing of cotton, with glycerine, around and upon the os uteri before removing the speculum.

As stated, I allow the patient to withdraw the tent when not used as a dilator. The physician, in removing the tent, should do so with the fingers, and never through the speculum, as air may be admitted to the uterine cavity, and bad results follow.

Typical cases are given in the paper submitted to the association. A pamphlet, containing twenty-five pages, upon

uterine tents would doubtless present other points of interest to the readers of the RECORD, but its motto being "*Quicquid Præcipies Esto Brevis*," I forbear to occupy more space.

TANSY IN PRURITIS VULVÆ.

Dr. Richard L. Butt, of Midway, Alabama, extols the use of tansy (*tanacetum hortense*) for the relief of pruritis vulvæ. He has found a poultice made of the leaves of the plant, and applied as hot as the patient can bear it, to be efficacious when leeches to the thighs, washes of borax, lead, zinc, nitrate of silver, sulphate of copper, etc., had been tried in vain. The editors of the *American Practitioner*, which records the above, think that possibly the mode of using the tansy, in poultices as hot as can be borne, has something to do with the success which has attended the treatment in the hands of Dr. Butt.—*London Lancet*.

POND'S AMERICAN SPHYGMOGRAPH.

(Read before the Philadelphia County Medical Society.)

By FRANK WOODBURY, M.D., of Philadelphia.

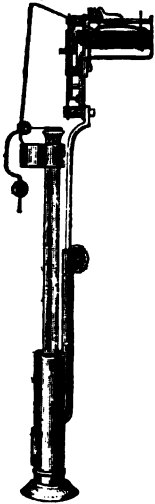
Having, by request of Professor Da-Costa, and under his direction, made some trial, in the wards of the Pennsylvania Hospital, of the sphygmograph invented by Dr. E. A. Pond, of Rutland, Vermont, I wish to exhibit this instrument to the Philadelphia County Medical Society, and to communicate the results of our observations. The invention is protected by a patent issued by the United States to Dr. Pond in 1875. This instrument was first brought to the notice of the profession in November, 1875, when it was exhibited by Dr. Pond, at the meeting of the Suffolk District Medical Society, an account of which will be found reported in the *Boston Medical and Surgical Journal*, of De-

cember 23, 1875. Since that period, the inventor and his son, Dr. Wallace R. Pond, have shown it at a number of medical meetings, but not in the form in which it is now seen. The form originally was simply that of a sphygmoscope, which idea was naturally followed by the conception of the addition of a recording apparatus to convert it into a sphygmograph. Many improvements were gradually added until the instrument assumed its present shape, under which it was first presented before Dr. Stella's section of the International Medical Congress, held in this city during the centennial year.

This sketch of the history of the invention is given because much of the same principle of construction is adopted in the sphygmograph of Dr. Keyt, of Cincinnati, who published a description of his instrument in January, 1876, in the *New York Medical Journal*, volume xxiii., page 26, in an article entitled "The New Sphygmograph, or Instrument Adapted as a Sphygmograph, Sphygmometer, Cardiograph, Cardiometer, and to Other Uses." It is unfortunate for Dr. Pond that no full description of his instrument had appeared anywhere previous to this publication by Dr. Keyt, for, although the principle of construction was undoubtedly verbally explained by Dr. Pond, at the meeting of the Suffolk District Medical Society, the invention has been credited to Dr. Keyt by writers, among others, Dr. F. G. Smith, in the American edition of Dr. Carpenter's work on Physiology, published in 1876. In a private letter from Dr. E. A. Pond, dated Rutland, April 24, 1877, he says: "I have been five years at work on it, and completed it about two years ago, and have been using it myself, to perfect it, before bringing it out, and am just commencing to bring it to the notice of physicians," which explains his delay in publication, evidently desiring it to assume its permanent form before publishing it fully.

The instrument differs from that of

Marey in transmitting the impulse of the artery not immediately to the lever, but indirectly, through the motion communicated to a column of water and a glass float, which finally moves the recording pen. The construction and character of the new sphygmograph, as seen in the instrument, and as shown in the cut, are readily understood. The main portion consists essentially of an upper and a lower glass tube. The lower tube, containing fluid and having a rubber diaphragm stretched on the lower end, is, in use, the part applied to the pulse. The upper and smaller tube fits the larger and lower tube by means of a



packing on its inferior end, thus moving freely in and out, and determining, at desire, the height of the fluid in the small part of the tube. Inside the small part of the tube is a free float, made of glass, which floats according to the height of the fluid, and obeys any movement of the fluid, or any vibrations from the rubber cap on the lower end of the instrument. A pendulous jointed needle clasps on the upper part of the tube. A watch movement is also

attached to the tube to move the slide upon which the trace is to be made. A holder claspings the wrist, fastened by means of a sliding bolt, retains the instrument in place over the artery. A dial may be added, which shows the amount of pressure used.

An extra tube, having a larger bottom, is prepared for cardiographic traces.

The application of this instrument is simple, and, indeed, it may, after a little practice, be used off-hand—that is, holding it as you would a pen; apply the rubber diaphragm to the artery, vein or heart; use the requisite pressure to bring the float against the arm of the needle; place the free end of the needle on the slide; move very slightly a slide of

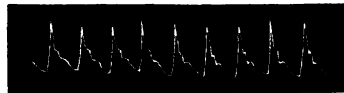
mica, glass or paper; put the end between the rollers, start the movement, it will run through, and the needle will trace the pulse on it. Photographers' varnish will fix the trace so it can be handled. In using the holder, place the pressure dial on the lower end of the bolt, and have the blades of the holder between the dial and the nut, and slide it into place, the bolt fitting the slot in the end of the holder. Care must be taken to see that it is applied exactly over the artery.

There is also attached a ruler, so that the slide can be divided into millimetres while it is moving along, as seen in one of the specimens exhibited. These are two millimetres apart. Dr. Pond states that he has also used the needle reversed to move down on the slide, and can provide the case with both kinds of needles. I am also informed that these instruments are now made with a governor on the watch movement, so that it can be run at any rate of speed desired.

Professor DaCosta has been much pleased with the tracings made in this manner, and says that some of them are the finest he has ever seen.

I have found that by the aid of Pond's sphygmograph, I have obtained far better tracings of the radial pulse than I ever succeeded in getting with Marey's instrument. Owing to peculiarities in the instrument, and delicacy of construction, it requires considerable practice in order to become acquainted with its capabilities, and to gain skill in using it, but the results are so much better than with any inferior instrument that the experimenter feels repaid for his trouble immediately on comparing the tracings.

The cut shows a normal radial tracing obtained from the pulse of Dr. Pond.



Among the several tracings herewith submitted may be seen some taken from cases of aortic and mitral disease, ty-

phoid and scarlet fevers, and from children at different ages. Of the numerous sphygmograms I have made, these are selected for their clearness and characteristic features, some of them being almost typical of the condition that supplied them. While the sphygmograph has not thus far obtained for itself the position of a *sine qua non* in the diagnosis of any particular affection, yet I feel warranted, at least, in saying, in view of these specimens, that it offers corroborative testimony which is capable of strongly confirming impressions arising from the usual methods of physical examination.

I think that the members of this society, who examine the tracings presented, will appreciate the advantages of the American sphygmograph, which, although not entirely free from fault, is, perhaps, better adapted to the purpose than any other instrument with which I am acquainted.—*Reporter, Phila.*

SCRAPING-SPOON

(Mr. Balmanno Squire's)

FOR THE TREATMENT OF LUPUS VULGARIS, LUPUS ERYTHEMATOSUS, RODENT ULCER (FLAT EPITHELIAL CANCER), SCROFULOUS ULCERS, AND SOME OTHER CIRCUMSCRIBED CHRONIC LESIONS OF THE SKIN.

Explanation.—The application of the treatment by erosion to certain chronic, progressively ulcerating lesions of the skin was originated by Volkmann, of Halle, in its application to lupus vulgaris. The use of this method has been recently extended to some other skin diseases, and has met with the warm approval of such authorities as Auspitz and Hebra, of Vienna. The result attained by erosion is the mechanical removal of such diseased deposits in the skin as, having once obtained a *locus standi*, exhibit but little, if any, tendency to spontaneous involution, and are with difficulty, if at all, remediable by any other than such heroic measures as

complete excision or deep cauterization. The constant tendency of such deposits as are here referred to is either by slow progress to extend the area of their occupation of the skin, or by ulceration of their morbid structure to lead to more or less extensive destruction of the skin, and, as in some instances, of the subjacent tissues also.

It has been found, as a matter of practical trial, that the removal of the diseased deposit by the simple method of scraping it away is, in many lesions, such as those above enumerated, quite sufficient to convert the diseased area into a healthy ulcer, which thereupon speedily heals up (namely, within from a week to a month, according to its extent), and so the cure of an obstinate and long-standing disease of months' or even years' duration may often thus be rapidly accomplished. The employment of this method is especially facilitated by the circumstance that, in all of the lesions above particularized, the diseased structure is so extremely friable that the readiness with which it crumples away under the pressure of the spoon at once differentiates it to the sense of touch (as conveyed by the spoon) from the notably tough surrounding healthy textures, namely, from the circumjacent sound skin, and from the subjacent cellular tissue, so that the sense of touch materially aids the eye in distinguishing the unsound from the sound structure. In point of fact, it is impossible to remove any of the sound structures by means of this instrument if the instrument be used with only moderate force; the extremely tough character of healthy fibrous tissue effectively precludes such a contingency.

One considerable advantage of this method is its absolutely complete conservation of the neighboring sound textures, which, if only moderately firm pressure be exerted in using the spoon, are left quite intact. In this respect, the method of erosion contrasts favorably with either excision or deep cauterization, since, in either of the latter procedures, a more or less considerable por-

tion of the surrounding sound structure is either removed or hopelessly destroyed. This consideration is of special importance, inasmuch as, in diseases such as those in question, which are especially apt to attack the face or the neck, and which are formidable chiefly on account of the extensive disfiguration they are wont to lead to, it becomes a matter of consequence to refrain, as far as possible, from adding to the loss of substance already produced by the disease by occasioning a further loss of substance by the interference necessary to the cure of the disease.

Mr. Squire's instruments are modifications of the instruments in use in Germany. The advantages presented by the English instruments are that they are smaller, deeper, and narrower than the German spoons.

Mode of Operating.—It is unnecessary to chloroform the patient. Local anæsthesia, produced by means of the ether-spray, amply suffices to prevent the operation being felt by the patient. Immediately before operating, the skin should be well frozen by the spray; but inasmuch as the frozen skin presents no distinction as to where sound and where not sound to the touch of the spoon, because both healthy and diseased structures are equally hard when frozen, it is therefore necessary to allow the skin to begin to thaw before operating. Immediately that the chilled surface is noticed to have lost the characteristic tallowy whiteness of frozen skin, the scraping should be expeditiously performed. If the patch be but of moderate size, and the operator fairly adroit, the operation may be neatly completed without the patient at all feeling it. All bleeding may be at once arrested by exercising moderately firm pressure on the scraped surface with the finger tips, a layer of blotting paper being interposed between them and the raw surface.

The instrument should be held slantingly in the manner of a writing pen or a drawing pencil, and the movements of the hand, in using it, are such as are

suggested by this remark. It is especially necessary that the edges of the patches should be scraped thoroughly, since it is at the margin of the patches that the disease commonly exerts its greatest activity.

Small outlying nodules or specks of morbid deposit which may be found (for example, often in cases of lupus vulgaris) around the main patches of the disease, are to be dealt with in a somewhat different manner, namely, by holding the instrument perpendicular to the skin, with the end of the spoon resting on the nodule. The tip of the forefinger of the left hand is then to be placed on the butt-end of the instrument, so as to steady it in its position, and at the same time to press it with moderate firmness against the skin. At the same time, the handle of the instrument is to be rotated in one direction continuously by means of the thumb and forefinger of the right hand. After two or three turns of the instrument, the nodule will be found to be completely enucleated.

As to the after-treatment, nothing more is necessary than for the first three or four days to smear a thin film of simple ointment over the wound, and subsequently a film of weak resin ointment, increasing progressively the strength of the resin ointment if need be. It is an advantage to wash the wound regularly once, or even thrice a day with warm soap and water, applied by means of a large camel-hair brush, so as to cleanse it thoroughly from discharge before each fresh application of ointment.

THE TREATMENT OF YELLOW FEVER.

[We are indebted, for the following article, to Dr. J. B. C. Gazzo, of La Fourche, La. It is translated from the French of the Rev. C. M. Menard, and appears of sufficient value to merit reproduction.—*Ed. Med. & Surg. Reporter.*]

The treatment is that of Dr. Cherot, of Martinique, and is said to have given the best results.—ED. RECORD.

I.—FIRST TREATMENT.

Put the patient in bed; cover him well up to the neck; keep apartment closed. Without any delay, give patient a hot foot bath, strong with mustard, and leave feet in bath from eight to ten minutes; friction limbs, being particular not to let fresh air come in contact with patient; give two or three cups of elder-leaf tea, to produce perspiration; if convenient, place hot bricks, or bottles of hot water, around patient's legs. Apply mustard to feet for about one-quarter of an hour. Be very particular and not let patient uncover; this is all-important. As soon as possible, give patient lemonade every twenty minutes. The lemonade is made as follows: Two sour oranges (lemons will answer); peel, remove outer skin as much as possible, remove seeds, and boil six to ten minutes; let cool; sweeten, if desired, and administer. It is important to give this lemonade.

II.—DURING PERSPIRATION.

One hour after patient has taken to bed give clysters every three hours, followed by a foot bath without mustard. The clysters are prepared of mauve or gombo leaves, or of flax seed in small quantity. This treatment is kept up until the fever has subsided. Always be careful that patient is not exposed to air while perspiring. Continue to cause perspiration during four hours, and all the while give the above lemonade every twenty minutes for the first six hours, and then every thirty or forty minutes.

The patient must be made to perspire from four to five hours—not less than four hours. His clothes must be changed three, and (if corpulent and strong) four times. Warm the clothes well before changing, and while effecting a change do not let fresh air strike patient.

III.—AFTER PERSPIRATION.

When patient shall have well perspired from four to five hours, according to circumstances, remove covers, leaving only one sheet on patient if weather is warm, keeping the feet, however, well

covered with a quilt or blanket. While giving clysters and foot baths keep apartment closed. If the weather is not cold or damp you may now open apartment so as to let a little fresh air circulate, being careful that patient is not in a current of air.

The fever lasts from twenty to forty hours, usually; sometimes, though rarely, from sixty to eighty hours. The pulse gives 100 to 120, sometimes 130 pulsations a minute. Do not be alarmed; keep patient in good spirits; keep him diverted, but do not fatigue him. Diversion contributes to a speedy cure.

Seven or eight hours after taking the fever the patient's tongue is spotted white, oftentimes black, on the centre, and is always encircled by a well-defined red girt.

IV.—WHEN THE FEVER CEASES.

As soon as the fever has subsided, and the pulse indicates sixty to seventy or eighty pulsations a minute—which happens at the end of about twenty hours—the patient must hasten to take, 1st, manna and senna, 2d, magnesia; 3d, peruvian bark and epsom salts; the *first* for ordinary cases; the *second* for weak patients, and the *third* for serious cases. These remedies are prepared and taken as follows:

1st. Manna and senna: for an adult, three ounces of manna well stirred in a cup of hot milk or water (the milk preferable); add an infusion of senna leaves; mix the whole together, strain, cool a little, and administer at a single dose, or in two doses. For a child, give one to one and a half ounce of manna, and but little of the senna infusion.

2d. Magnesia: three teaspoonfuls stirred in a cup of tepid water or milk. Give one dose.

3d. The most efficacious medicine of all: one ounce of pulverized peruvian bark (red) well stirred in a cupful of boiling water—stir and make a paste. In another cupful of boiling hot water, dissolve one-half ounce of epsom salts. Pour contents of both cups in an ordinary wine bottle, and fill the bottle three-

quarters full of hot water. Shake well and long, until the elbow tires. Let cool and give a little wineglassful every quarter of an hour. When patient begins to purge, give two little wineglassfuls every half hour. "This," said Dr. Cherot, "is *la médecine par excellence*."

As soon as patient has taken above remedies, give him orange-leaf tea, or if that does not suit his palate, continue to give him the lemonade.

If medicine No. 1 (manna and senna) does not operate in two hours, give medicine No. 2 (magnesia). Be quick, for fear that fever will return or vomiting will occur. When these medicines are being taken, clysters followed by foot baths are discontinued.

When patient has had two operations, give him a little soup made of sour sorrel, the yolk of an egg, a little butter (preferable to lard), use very little salt, and soak in soup a thin slice of bread. This soup strengthens and does not interfere with taking of medicines. After five or six operations, begin with quinine, twenty to twenty-five grains given in five-grain doses every hour. For a child twelve to fifteen grains, in three-grain doses every hour.

If patient suffers too much from pain in the pit of the stomach, give him gum water—that is, gum arabic dissolved in hot water. Give one teaspoonful every now and then. One of the most critical stages of the disease is when the pain in the pit of the stomach increases. You must encourage patient; make him drink often. The disease apparently becomes more violent, the patient weakens rapidly, but he is unconsciously getting better.

The above is the treatment in ordinary cases.

V.—RETENTION OF URINE.

Too much care cannot be taken on this point. Press questions: if patient feels pain in the lower part of abdomen (a sure premonitory symptom of retention) friction the part every quarter of an hour, with camphorated oil. If retention prove obstinate, give pumpkin

seed tea, or flaxseed tea, with one drachm of saltpetre for every five or six cups of the tea; and if patient is not perspiring give him a warm hip bath (not higher than the navel). Leave patient in hip bath one-quarter to one-half hour. It is highly important to remove retention.

VI.—VOMITING.

The vomiting of bile, water, and glaires, at the outset of the disease, is a good sign. Give tepid water to favor, but not enough to provoke vomiting.

Other vomiting of substance, bloody, and sometimes black, occurs in cases of relapse, or when fever has lasted too long, or because treatment has not been followed properly. Take peruvian bark pulverized (the red) one-half ounce, and put in an ordinary wine bottle three-quarters full of cold water. Shake well and long; let settle and give one tablespoonful every quarter of an hour and even oftener. Seven or eight doses usually suffice to check vomiting. After this, give the peruvian bark prepared with epsom salts as mentioned above. (See 3d, of No. IV.)

VII.—GANGRENE.

A thick, white and bloody coating of the inner mouth indicates the presence of gangrene. Administer the peruvian bark prepared with cold water (see No. VI) every quarter of an hour for half a day; then double the dose and give at intervals of half an hour, and finally every two hours. Purge patient every twenty-four or thirty-six hours, with the peruvian bark and epsom salts; then you may continue to give the peruvian bark with cold water, giving the doses further and further apart, until gangrene has disappeared.

Give emollient clyster, morning and night; administer the gum water; give a little soup; a little wine in a great deal of water—no pure wine—the least imprudence can cause death.

After giving the quinine, try and strengthen the patient with broth; a little wine in water—no cold water pure—nor pure wine; force patient to sit up and to get out of bed; do not expose him

in current of air, nor let him go out in the damp or in the sun. Although he may not feel well, do not purge him unless in a grave case, because it is important not to overtax the stomach, already much enfeebled. If a little fever return and go off, give ten grains of quinine in two doses. Under no circumstances must you give pure cold water, even during the first three or four days of convalescence.

VIII.—SPECIAL OBSERVATIONS.

Children must be forced to drink lemonade and take medicines. If necessary stop up the nose and thus force them to drink. If threatened with attack of worms, give a little vermifuge. In all other respects treat them like adults, only give remedies in smaller doses.

Women.—If periodical complaint appear, that of itself is the best of remedies. In such a case, encourage flow by application of warm poultices on large veins inside of the thighs. Do not give lemonade and other remedies. Simply give orange leaf tea and the like harmless remedies. If the patient is one in a "delicate way," bolster head and stomach by means of pillows. No lemonade; orange leaf tea, but weak; foot baths, but not very warm; no clysters, except in serious cases, and then not frequent; manna, with not much senna, or simply magnesia, quinine, gum water; use great precaution during convalescence. Use same and greater precaution for women recently delivered,

IX.—IMPORTANT REMARKS.

1st. If patient throw up medicine or quinine, repeat the dose at once. If patient be very sick at stomach, or swallow with difficulty, apply mustard on pit of the stomach for a few minutes, or take a bandage, say one inch wide, dip in cold water and apply under the chin, clear up to and under the ears.

2d. If patient does not eject first clyster at once, give a second, with Castile soap in it, and if that is not ejected, give a third, and then wait till the next regular time for giving clyster—say three hours.

3d. Stools are black and highly offensive to smell; are more difficult with women: you must act accordingly.

4th. Nursing must be attended to night and day, to see that patient is made to perspire well, to keep him covered, and to give him his medicines punctually.

5th. Except in rare instances, the disease lasts three days. If disease has not been properly attended to, vomiting and other serious symptoms usually occur on the third or fourth day.

6th. Relapse is dangerous, and is occasioned, 1st by exposing patient to air, or current of air; 2d, by his eating too much, of things indigestible; 3d, by laying in bed too long; 4th, by fatiguing patient, or allowing him to sit up late at night; 5th, by going out in the sun too soon.

7th. Convalescence is long and tedious, lasts from fifteen to twenty days. During convalescence, give barley water, (*eau d'orge pelee*).

Do not let patient fatigue; and do not allow him to go out in the sun for ten or twelve days.

Let him avoid excesses of all kinds.

STRANGULATED HERNIA — TREATMENT BY HYPODERMIC INJECTIONS OF MORPHIA HYDROCHLORAS.

By G. H. CHAPMAN, M.D., LL.

In the month of October, 1876, while practicing in Hudson, Mich., with my father, Dr. Geo. Chapman, the following case presented itself, which, with others since treated in a similar manner, seems to me of sufficient interest to report. I therefore report them, hoping it may meet the approval of some of my professional friends, and possibly save some suffering mortal hours of agony, if not operation, in some instances:

Case I.—John R., a farmer, aged 61, of medium height, robust and muscular, came into the office, having an oblique

inguinal hernia of the right side, which had "come down," and, contrary to its usual custom, completely resisted his personal efforts to reduce it. He had been troubled with it for several years, but had worn a truss. Upon examination we found the tumor of a hard, globular character, dark-red, almost purple color, and about the size of a common lemon. All our efforts to reduce it by taxis, with fomentations, tractile method (inverting the patient), &c., proved unavailing after two hours' hard work.

We debated the question of using chloroform, as our patient had an intermittent pulse; still, feared we might be obliged to resort to it, and possibly to an operation, as the patient now vomited at each effort at taxis.

At this form, my father called to mind the fact of having read, somewhere, of the hypodermic injection of a full dose of hydrochlorate of morphia in the reduction of a dislocated humerus, and said: "If useful in that case, why not in this?"

Acting on this suggestion, I immediately injected $\frac{1}{2}$ grain of the drug in the outer side of the thigh, about six inches from the tumor, and waited patiently ten minutes, till the patient said, "I have no pain."

We now raised him so that the hips were about fifteen inches higher than his head and shoulders, and resumed taxis, when, to our surprise and infinite relief, at the first attempt the tumor returned to the abdomen with an audible click.

There was some tenderness and inflammation in the injured region for a few days, and, after this subsided, a suitable truss was applied, and no more trouble was experienced.

Case II.—About one month after the preceding case I was summoned to attend a young man five miles in the country—a farmer, aged twenty.

Upon examination, found an oblique inguinal hernia of the right side, extending into the scrotum, about the size of a Bartlett pear, of a purplish color, with intense pains at abdominal rings. This

patient had often reduced the hernia himself, but in this instance had worked *twelve hours* without success, and was now vomiting at each effort at taxis. I immediately injected $\frac{1}{2}$ grain of morphia hydrochloras into the thigh, and waited fifteen minutes, when I had the satisfaction of having the tumor return to the abdomen upon my first attempt at reduction by taxis, with the same audible click as in the former case.

Case III., occurred in Grand Crossing, Ill. Was called January 9, 1878, to see C. W., aged 29, and found an inguinal hernia similar to No. II, as to present condition, time of duration, patient, vomiting, &c.

I administered in the thigh, as before, $\frac{1}{2}$ grain morphia hydrochloras, and succeeded in reducing the tumor in half an hour.

I lay the lack of *immediate* success in this case to the smaller dose of morphia used.

This patient neglected to have a truss adjusted, consequently he again presented himself, in the same condition, on the 3d of March. I had no hydrochlorate at this time, and could get none in town; I therefore injected $\frac{1}{2}$ grain of the sulphate, and attempted reduction by taxis and tractile method, without success. I then administered chloroform, which increased the vomiting, and made a bad matter worse. I now injected $\frac{1}{2}$ grain of morphia as a second injection, and applied fomentations for an hour; then resorted to taxis once more, and, after considerable effort, succeeded in relieving my patient.

Hydrochlorate of morphia, though used far less frequently in this country than the sulphate, is received with greater favor in Great Britain. My experience with the drug leads me to assert that it possesses peculiar advantages over the sulphate in many cases, especially where we seek to relieve spasm, as is shown in Case III. I have also observed its superiority in asthma. One case particularly I now recall, where the druggist substituted sulphate for muriate (as he

afterwards admitted), without consent, and no relief was obtained. I had the prescription re-compounded properly, and secured relief on administering the first dose.

I further find it less liable to cause the peculiar nausea and "heaviness of the head" so often complained of after taking the sulphate.

Its advantages in cases like the above is self-evident, as in the after-treatment of such cases, as well as in dislocations, we almost invariably are obliged to administer an anodyne. By administering it in a maximum dose (which I consider essential for the best results) before operation, we may avoid the dangers of chloroform, securing equally good results. Will it stand the test?—*Mich. Med. News.*

MAGIC EFFECTS OF HYPODERMIC PUNCTURE OF MORPHIA IN CASES OF DYSENTERY.

Dr. J. E. Washington, of Augusta, Georgia, in the *Nashville Journal of Medicine and Surgery*, says:

As I have never seen mention made of the use of morphine by hypodermic puncture in cases of dysentery, I have concluded to give my own experience with it. I was first induced to try it by being called to a case in which there was terrible suffering from tenesmus and vomiting. In this case, the man begged me, "Doctor, for God's sake give me something to relieve me, for I can't stand it much longer." He was covered from head to foot with cold, clammy sweat, lips blue and cold. I gave him about the third of a grain of morphia by puncture—not with any idea that it would relieve the vomiting and purging, but solely to obtund him to the severe suffering; but, to my surprise, in a few moments he was perfectly quiet, and the vomiting and purging almost entirely relieved; another puncture did the work, and he was convalescent in a little over forty hours.

Having such success in this case, I was emboldened to try it in several other

cases with equally as good results. After having treated a number of cases in this way, I was taken with an attack of dysentery myself. In my own case, there was severe vomiting and tenesmus—in fact, a movement from the bowels every five or ten minutes, and sometimes I could not leave the stool more than three or four steps without having to return. I tried opium to quiet me, but could not retain it. I then thought of the hypodermic puncture, and, although so weak and faint that I could not sit up, prepared the instrument (being alone) and gave myself a good puncture, and, lo! in a few minutes, I was perfectly relieved. I then applied a wet bandage over stomach and bowels, and was soon convalescent.

Now, here we have, not only the evidence of the beneficial effects of hypodermic puncture of morphia in cases of dysentery, as derived from a trial upon others, but also from personal experience. When we come to consider the severe, debilitating effects of this disease, and also how frequently its effects are prolonged for days and weeks, it behooves us to try those remedies which will cut short the duration of the disease.

I give these ideas for what they may be worth, and would be glad if some of your readers would try the above plan, and see what is the result in their hands.

No more at present; will send you an account of cases of chronic diarrhoea treated and cured by alkaline treatment.

TREATMENT OF CANCER OF THE BREAST.

Z. H. Evans, M. D., (*Toledo Medical and Surgical Journal*, April, 1878), treats cancer of the breast by the knife, supplemented by the free use of super-sulphate of zinc (Tanner), to accomplish two indications: First, to arrest hemorrhage; and, second, to destroy any of the cancer cells that may remain after the knife. He then has an open wound to treat, which is allowed to contract and cicatrize.—*Detroit Lancet.*

ABSTRACTS AND GLEANINGS.

MALARIAL AND YELLOW FEVER.

(An Extract, from the Paper of Dr. Le Hardy, of Savannah, in Transactions Georgia Medical Society, the following.)

It is pretty generally admitted, by medical scientists, both in America and Europe, that malarial or paludal fevers are produced by plants, or spores of plants, growing in marshes, stagnant water, or elsewhere, whether at the level of the sea, or ten thousand feet above it, in high, or in low latitudes. With my present imperfect knowledge of the various plants producing febrile diseases, it would be impossible to say, whether these producing malarial fevers belong invariably to the fungi order.

Lebert says: "It is true, that in diptheritis, vaccinia, small-pox, septicæmia, pyæmia, mycosis intestinalis and in lymph thrombi of puerperal diseases, the globular form of protomycetes prevails. The fact, that Davaine has already demonstrated, the constant presence of rod bacteria in malignant pustule; and that the spiral-like filaments of Obermeyer are found in relapsing fever, prove that the spiral protomycetes may exist in infection, as well as the globe, rod-like, or ovoid, or as the panhistophiton of the silk worm, discovered by me."

But the "protomycetes" of Lebert propagate by "germination," and not by fructification. The result of this is, that the diseases produced by them require either contact, as in vaccinia, pustule syphilis, or absorption into the system by the stomach, through infected water, food, etc., as in typhoid fever, or to change their form when leaving the body in the ejecta, therein completing their growth, and producing new germs or plants, which being disseminated through

the surrounding air, enter the body. This is believed by many, to be the mode of propagation in cholera. At any rate, Kock has demonstrated that such changes take place in the bacillus anthracis of splenic fever.

The history of yellow fever, as well as of malarial fevers, points to a different mode of origin and propagation. They are peculiar to certain localities; have a well defined duration; they always recur under the same conditions, and always disappear under the influence of frost.

The whole atmosphere must contain the germs of these fevers, in order to account for the almost simultaneous appearance of fellow fever, in widely separated portions of a city, and of malarial fevers, over a large expanse of country. Spores of fungi, floating in the air, have frequently been collected, and made to produce the plants of their kind. I have often, after collecting the spores of the mould plant, so common in this locality in summer, watched its growth under the microscope.

These spores are exceedingly light, and are carried up from the earth by the effects of solar heat, when they are wafted about by the winds.

In the same manner, the spores producing yellow fever, rise from the surface of stagnant water or wet soil, and are carried along by the winds until they find a lodgment, in a city, a house, a ship, or other place. Here, by constant additions from the same source, they may concentrate sufficiently to produce effects, more or less poisonous, in proportion to the quantity absorbed.

It is a well known fact, that malarial fevers have been contracted by persons passing through marshes, or sleeping in the neighborhood of these, or other ma-

larial spots. It has also been generally observed that men, who are more exposed to the poisoned air of a city, are much more frequently stricken, during an epidemic of yellow fever, than women, who usually remain at home.

The question next arises, whether the different forms of malarial fevers are produced by spore plants of the same, or of different species. This I deem necessary to discuss now; but it may be well to remark that intermittent fevers exist in the localities where remittent fevers prevail, and that both of these are particularly rife in sections visited by continued fevers and yellow fever; also, that the variations which take place in the nature of these fevers, occur *pari passu*, with the increase of temperature.

It is a fact beyond dispute, that where the air of houses, ships, etc., has been allowed to remain undisturbed by disinfection, or by frost, sporadic cases of yellow fever have originated therein; and although intermittent, or remittent fevers were prevailing in the surrounding localities, the yellow fever did not spread beyond the source of infection. This inclines me to the opinion that the disease under consideration is the product of a plant, which can fructify only at a temperature of about 80°, and I think I am sustained in this view of the subject, by the following experiments made during the months of February and March, of this year (1878).

Having collected with great care, during our epidemic, three specimens of black vomit, one of urine, one of blood, one of liver, and two of the dust floating in infected houses, and having kept them sealed, I instituted experiments. These I made under glass bells that had been subjected to a heat of over 250°, to which heat the stand and jar underneath had also been subjected. The water used was first distilled, then boiled; and in order to prevent the access of surrounding air, or contamination from foreign germs, was introduced into the jars, through a previously heated and purified syphon, by which means the

specimens were passed into the jars twenty-four hours afterwards.

The results obtained so far are of such a nature as to make me hopeful of bringing to light, at some future day, the *punctum desideratum* in the history of yellow fever.

In two specimens of black vomit, and in one derived from infected dust, I have obtained several plants of a fungus which I believe is peculiar to yellow fever, and which has not, so far as the light of my researches enables me to judge, been described before. The other specimens gave negative results. On the fluid containing the three specimens just mentioned, dark specks filaments shot out, and spread rapidly on the surface, and in two days the plant had attained its full growth, extending in a circular form, some fourteen lines in diameter. To the naked eye they appeared like very finely woven spider webs. On the third day, extremely fine projections or stems of about a line in height, could be perceived with a lens. On the next day rounded swellings (sporangia?) were discernable at the extremity of most of the stems. Here, however, the progress of growth ceased, and during the fifth day the spore bearing stems drooped down, and on the sixth day, the plant sank underneath the surface of the water without having matured spores.

Under a 1-5 objective, the mycelium was seen to be composed of innumerable filaments, growing primarily from a common centre, branching off at intervals, and interlacing with each other.

They were formed of elongated cells, destitute of chlorophyll. The stems also were composed of tapering cells. The spore cases were of an oval form, pointed at the upper extremity, and apparently consisting of several layers of cells, in which was contained a transparent fluid. In no instance did I discover one, containing granules or spores.

The mean temperature of my office during the time at which these experiments were made, was 69° in the shade,

and I am led to believe from these incomplete experiments, that the yellow fever fungus cannot complete its growth and fructify at a temperature much less than 80° F.

For reasons as follows:

I. Because, it belongs exclusively to malarial countries.

II. Because, I believe its cause to be spores of fungi floating in the air.

III. Because, in violent cases terminating in black vomit, there are instances of indubitable remission or intermission in the fever, and in lighter cases these symptoms are frequent.

IV. Because, in my treatment of the negro population ninety per centum presented the remittent or sometimes the intermittent form.

V. Because, relapses occur as in all malarial fevers.

VI. Because, in the majority of cases, the fever is controllable by the use of sulphate of quinine.

THE OPIUM HABIT.

Dr. Gould, in "Medical and Surgical Reporter" says:

In considering the matter of cure of the opium habit, let the following points be kept constantly in remembrance:

1. No other drug or combination produces like effects upon the system, therefore nothing else can entirely supply its place.

2. Each preparation of opium possesses its own peculiar power, which differs in a marked degree from the power of every other preparation. For example, if an individual is addicted to the use of morphia, no other preparation of opium, though containing an equivalent quantity of morphia, will supply its place. It will already occur to the reader that opium *must be used* in the cure of the habit; to contend otherwise is evidence of ignorance of the practical phase of the subject. Now, I gradually withdraw the narcotic, but the quantity withdrawn must be compensated for in some way. After years of effort and trial I have discovered that no article will so success-

fully act this part as nuxvomica, and that this may be so combined as to be much more effective than the drug alone. I have not the time to notice all the conditions of the opium eater, and the indications to be met, but shall at once indicate my mode of treatment, which, if associated with sufficient will power on the part of the patient, will be successful in every case.

I prepare an elixir as follows: Dissolve 96 fl ounces aqua dest. 12 troy ounces of sodium phos. and 512 grs. val. ammo., then add to the solution 112 fl dr. dilute phos. acid, and 2 fl oz. hydrochloric acid. Now, exhaust, by percolation, with stronger alcohol (8 fl oz.), 1024 grs. pure powdered nuxvomica, and 160 grs. aromatic powder, U. S. P., driving through the last portions of the menstruum with aq. dest. until it commences to pass cloudy. Mix the peccolate with the acid solution of sod. phos.; add to the mixture 16 fl oz. glycerin, filter through paper, and if the measure is short of one gallon, wash the filter with sufficient distilled water to supply the deficiency.

Though I have been using a similar combination for years, for the above formula I am indebted to Dr. Green, of the firm of Chapman, Green & Co., manufacturing chemists, Grand Crossing Illinois.

Now, how do I use it? Suppose that morphia is the preparation taken. In one pint of the elixir I dissolve the amount of the narcotic taken in one month, less 25 per cent., and direct my patient to take dr. j. four times a day. If the quantity taken is immense, say 20 or 30 grs. per diem, or the system is badly shattered, with much digestive trouble, or intestinal apathy, I double the dose of the elixir.

After the first month I reduce the opiate 20 per cent., monthly, and the patient is not aware of the reduction until the quantity of morphia is comparatively small, depending, of course, on the quantity to which the system had been habituated. But, should there be

rebellion, it will likely be slight, requiring only will power to subject it. In some cases it may be necessary, toward the close of the treatment, to reduce less rapidly, yet I have never reduced less than 20 per cent. The point at which the narcotic is left out, the pure elixir only being given, will depend on circumstances, such as quantity taken, etc. In case of sleeplessness, a full dose of bromide of potassium or sodium will usually produce quiet and rest. In some cases, perhaps, chloral will be required, but, if so, it must be given only when absolutely necessary. I have never been compelled to resort to it.

Another matter I will refer to briefly. It is necessary that the patient be as actively employed as the strength will admit; as idleness and constant thought of the habit will retard the cure. Every physician will understand this. And another thing is necessary. In the beginning of the treatment the victim must be determined to succeed, as each successive effort at redemption will meet with a weakened will power.

I have not the time to specify all the details of treatment, but they will naturally be suggested to the intelligent physician. It must be remembered, however, that opium is a powerful agent in producing hallucinations, and much of the difficulty (if not actual pain) experienced can be dissipated by the exercise of a strong will.

In conclusion, I will say to the many physicians who have deluged me with letters, that sickness has prevented me from concluding these articles sooner, and also accounts for the rapid disposal of the subject. If, however, the directions I have given are faithfully followed, the most confirmed opium eater can be redeemed, and be redeemed with ease.

CHRONIC INTERMITTENTS.

In the therapeutics of intermittent fever it is not enough when a patient presents himself, to diagnose the disease and prescribe for the name on a routine

plan. The history, temperament, habits and collateral derangements must be carefully scrutinized, and the remedies as well as the doses precisely adapted to them. It is also necessary to erase as much as possible from the mind the dominant notion of a malaria in the system, and instead, to fix the attention *searchingly* upon all the organs whose functions are most seriously implicated. To correct these, after the paroxysms are for the time arrested, is the *sine qua non* of ultimate success. This, as a rule cannot be accomplished by continued active or disturbing medication, but only by that which will hold the organs most at fault up to the standard of healthy action, and no more; neither causing them to sink below their normal activity nor to rise much above it. Accomplish this successfully—guarding the tendency to periodicity by quinine at proper intervals, and the health will soon be toned above the ague point and the tendency to relapse permanently obliterated.

In carrying out these principles of treatment, the exact course adapted for all cannot, of course, be laid down, as this is a matter of individuality, scarcely any two persons exhibiting the same phases and modifications of derangement.

But suppose a person suffering by a chronic intermittent, shows something like the following symptoms: The disease has not been on him longer than at frequent intervals for four or six months; the nourishment and strength of the body are fair, considering the antecedents, but there is a sallow or dusky hue of the skin; the eye is heavy and listless, the tongue heavily coated, the lips moderately anæmic, the appetite capricious, the bowels irregular, with vertigo or cephalalgia more or less constantly, the renal secretion is now highly concentrated and tinted with bile, then clear and abundant, with aching in almost every bone of the body which is now better, now worse; and withal, severe paroxysms of chills and fever on alternate days. The prompt arrest of these paroxysms is in-

dispensable, as it is these which cause, aggravate and perpetuate the organic derangement, especially of the chylipoietic viscera, until their functions are always, even during intermission, very imperfectly performed; thus depraving the assimilative functions and the organization of the blood. It is this and nothing more, which is at the root of the so-called malarious cachexia, and in proportion as bad management, not imbibition of malaria, is prolonged, does the certainty as to the appearance and degree of the cachexia, *ceteris paribus*, mainly depends. I therefore, make it a rule never to allow a person to have a paroxysm after being seen, if I can help it, although in most instances the action of quinine is not only less certain but far more unpleasant in its effects if given without preparatory treatment. In most instances this only consists in the administration of an efficient cathartic of podophyllin and mercury. When there is a diarrhoeal tendency leptandrin acts with the mercurial to better advantage than the podophyllin. After the viscera are relieved of their loaded, vicious secretions, the quinine should be administered, and as a rule one-third less is required to stop the paroxysms than if that had not been done. Ten or twelve grains are sufficient in one case, and from fifteen to twenty in the other. After the regular paroxysm is arrested no more quinine need be given until the seventh, fourteenth and twenty-first days, unless a gross indiscretion of the patient should cause it to return sooner. On these days, the same amount is to be taken as in the first instance—say three grains before each meal, and at bed time until the requisite amount is taken.

The treatment of the intermission is highly important, it is in fact the grand requisite of success. If the tongue, after the catharsis, remains coated—with sluggish peristalsis and icterode hue of the conjunctiva or skin, I order the following:

R.—Protoid. mer grs. ii.
Podophyllin grs. i.
Nit. pot. grs. vi. M.
Make four powders.

to be given one at bed-time of each day until the appearance of the tongue and skin are normal. The reason for administering the medicine at that time is this: the night hours allow the remedies to act therapeutically in an undisturbed manner by either food or drink. As soon as the tongue is clean and the tendency to hypersemia and hypertrophy of the liver, and the tumid abdomen is made to disappear, the powders are to be stopped, and resumed if the symptoms reappear.

At the same time or at least as soon as the most extreme chylipoietic derangement is corrected in order to hold these organs up to the standard of healthy action—not to correct any apparent derangement—the following should be administered:

R.—Fl. ex. eucynimus oz. ij.

Fl. ex. tarax.

Fl. ex. xanthoxyl. aa oz. i. M.

And order a teaspoonful before each meal except in the days when the quinine is to be taken.

When the tendency to revert to marked hepatic torpor is very great, ten or fifteen drops of the fluid ext. stillingia should be added to each dose—or if the spleen is enlarged a few grains of iodide of potash to each dose of the solution will do excellent service. If the patient is in anywise anæmic, the liquid oxy-nitrate of iron should be administered. It forms an excellent solvent and vehicle for the quinine, tones the appetite, facilitates the hematosiis, and acts favorably upon the functions of the liver.

The precautions to be observed by the patient are important. The diet must be simple and plain—no pastry, warm bread, rich puddings, or any highly seasoned complex dishes. No wine, beer or liquor to be allowed. The clothing should be adequate, especially for night protection, or after sudden meteorological changes. For these purposes flannel underclothing should be enjoined in all cases in all seasons. The exercise should be mild—never being carried to the point of exhaustion until convalescence ends.

In a few words, the vital strength needed for recuperation should not be spent in exhausting toil. If it is, ten to one the most skillfully directed treatment will prove of only temporary advantage. Ordinarily, the treatment and these observances should be strictly practiced for at least a month, after which a gradual cessation and a return to ordinary habits may be allowed. It is certainly far better economy to do this for a month than to be partially disabled for several months or even for two or three years, as all experienced observers have frequently seen.

To prevent an intermittent becoming chronic—a teaspoonful of the extracts above named should be taken before breakfast and dinner, after the paroxysms have been arrested with quinine; anticipating the tendency to recurrence on the 7th and 14th days by the latter means. The diet and habits should also be made to conform to the rules already given. In this way there is no difficulty in avoiding a return of the paroxysms every week, or for months.

In inditing these directions there has been no thought of simply filling or rounding out this article according to a routine formula, but every sentence is meant to convey indispensable requirements, not to be simply accepted as sound or sensible directions, but such that must be put in the strictest practical operation for entire success.

The period of treatment, of course, depends upon individual peculiarities, upon the facility with which the reversion to health occurs, upon the extent and profundity of the organic derangement, and upon the length of time which the disease has existed either through mismanagement or the obstinacy of the patient, and upon the fact whether the person is acclimated or not. One of the lymphatic temperament needs treatment longer than one of the sanguine—while those of the bilious lymphatic longer than either.

Such is the outline of treatment for chronic intermittents that I have pur-

sued for years, and with perfectly satisfactory results. I have had patients with enormously enlarged spleen, enlarged liver, tumid abdomen, dirty-pale complexion—who had been using quinine and prussiate of iron for months, interspersed with cathartic pills every now and then, and only with the most transitory benefit, in fact upon the whole, getting worse and worse, or falling into what is termed the malarious cachexia—and had them improve under the plan above given almost uninterruptedly until perfect health ensued.—*Dr. Black in Lancet & Clinic.*

REMOVAL OF CUBOID BONE FOR TALIPES-EQUINO-VARUS.

Mr. Richard Davy has now practiced excision of the cuboid bone for relief of talipes-equino-varus, in all, nine times, and with almost uniformly satisfactory results. Before operating on his last, which I saw, he remarked to the class, at the Westminster Hospital, that while his success in the operation had been all, perhaps, he should desire, he would still reserve the procedure for the severer cases of the affection. He did his first operation on the living subject in 1874. His mind was, perhaps, as much directed to the procedure as a possible means for the cure of this variety of talipes by a case which occurred in the practice of his colleague, Mr. Barnard Holt, where, in a twelvemonth after the cuboid bone had been removed for caries unattended with club-foot, a talipes valgus, the antagonistic variety to varus, occurred. The loss of the bone in nowise interferes with locomotion. The injury inflicted on the outer wall of the foot heals kindly, while the subsequent treatment of the case by instruments is simplified and facilitated in every way.

Mr. Davy first saw this patient in 1874. He was then fourteen years old, and had been almost uninterruptedly in the hands of orthopedic surgeons. After having a plaster-cast taken of the foot, Mr. D. excised the cuboid bone in January, 1875. The benefit which ensued

was very great, and the contrast between the shape of the foot, as shown by the cast before and after the operation, was most striking; yet, the member was not exactly all that could be desired, and Mr. D. thought it might be much improved by the removal of a wedge from the tarsal remnant, so as to make the patient absolutely a plantigrade, and to banish, in future, all surgical treatment and instrumentation. Mr. Davy narrated, in a few words, his experiments on the removal of the cuboid bone in 1873—how he had practically demonstrated that an accurate excision of a tarsal wedge was required for a complete cure, and while admitting that prolonged instrumentation, cutting tendons, manipulation, etc., would correct distortion temporarily, yet, so surely as a urethral stricture recurs, so also would the deformity until the bone assumed permanent misshape. Hence, he thought it the duty of the surgeon to strike at the root of the matter by rectifying bony distortion, and by osseous union preventing its recurrence. The lecturer added that he much preferred one large operation to a host of smaller ones, and he was able to say now, after his ninth case, that the results of attacking the tarsal arch (osseous), for the cure of club-foot, were sufficiently gratifying to insure their repetition.

The patient being chloroformed, and Esmarch's bandage applied, the foot to be operated on was put in a stationary iron vice, the inside of the jaws of which were covered with cork, so as to insure against injury of the structure. He then cut directly down on the outer aspect of the foot to the cuboid, dividing the indurated skin and bursa. A second incision, extending toward the dorsum of the foot, gave a T-shaped cut. Two stout wires were now inserted, one into each flap, and used as retractors. The upper and outer surfaces of the cuboid were then completely exposed, and, with a chisel with a very thin blade, the necessary wedge was carefully cut from the bone. The wound was closed by several

sutures. No dressing was applied further than an internal foot-and-leg splint, secured by a gum and chalk bandage. The operation completed, the foot was brought at once, and without difficulty, into its proper line; and, without some untoward result, the lad will soon walk out of the hospital a plantigrade.—*Dr. Yandell in Practitioner.*

HEMORRHAGES.

We make the following extracts from a paper read by Dr. Bartlett before the Buffalo Medical Association:

EPISTAXIS.

The means I have found singly and combined to be an effectual remedy for epistaxis is pressure external or internal. The experience of more than twenty years has convinced me that the ordinary forms of styptic treatment—or packing—as ordinarily practiced are wholly unreliable in cases at all severe, or appearing in the course of disease.

In June 1863, I had charge of a case of typhoid fever occurring in a phthisical young gentleman residing on Seneca street, near Michigan. The disease was protracted and the patient became exceedingly feeble from diarrhea and loss of digestive power. Early one morning, I was called to find him bleeding from the nose to a most alarming extent. I used styptics, plugged the anterior nares, and with the assistance of an eminent physician, now deceased, tightly closed the posterior nares—all those proceedings failed to do more than check,—they did not stop the hemorrhage. In certain positions the loss, drop by drop, passed outward; in others inward. General treatment had no perceptible effect, and after 36 hours perseverance I found my patient rapidly failing. In this dilemma I removed all the packing from the nares, when the slow drop, drop, passed outward. At last by pressure applied to the angular branch of the external carotid, I had the satisfaction of finding the hemorrhage fully controlled. This I accomplished by application of the thumb and finger at the lower

border of the Ossa Nasi externally. Temporary removal of pressure was followed by hemorrhage, and to secure continuous pressure, I shaped the jaws of a spring clothes pin to fit the nose, removing a portion of the wire spring to lessen pressure. This simple tourniquet remained in place and the patient recovered. Satisfied by this experience, of the doubtful utility of packing in the usual way, I felt quite safe until a case of nasal hemorrhage occurred in a patient about 14 years old, residing on Scott street, near Washington. The lad had suffered previously, and his mother did not feel alarmed until he fainted from loss of blood. Before my arrival he slightly rallied only to sink exhausted by fresh bleeding. He was pulseless, sightless, breathless, and to all appearance dead. I forced some whiskey down his throat and practiced artificial respiration. As he gasped, I passed a sponge tent, intended for other use, into the right nostril from which I supposed the blood had flowed. It soon expanded and filled the nostril posteriorly and anteriorly, completely controlling the hemorrhage. I left the tent in position forty-eight hours; on removal, there was no loss of blood, and I had the pleasure of being assured years afterwards that the treatment had been radically successful. Since that date, August 1863, I have used the sponge tent in all alarming cases of hemorrhage of the nose. My cases number 27, comprising those occurring in Typhoid, Diphtheria, Scarlatina, traumatic injuries and causes not capable of tabulation. I think I may fairly claim originality in this proceeding.

Post partum hemorrhage, though occasionally accidental, is usually avoidable. Position, and more particularly, deference to nature's mode of placental expulsion would largely diminish the dangers encountered. The reprehensible practice of delivering the Placenta by traction upon the cord cannot be too severely condemned. I have for years practiced what is now known as Crede's

method, and always bring the placenta into the vagina by external manipulation; traction upon the cord is then useful and justifiable. The rude separation of the placenta from the uncontracted uterine wall is one of the most frequent causes of undue and dangerous flooding.

The use of sponge tents for epistaxis, dating back no less than eighteen years is original with myself so far as I can learn. Two English physicians in '74, I think, allude to their use; but no work, unless it be very recent, makes any allusion to them for this purpose. I can recommend them as truly specific in such cases. Their size should vary as also their length. They should always pass well to the posterior nares, and be left from forty-eight to seventy-two hours in position; contrary to supposition the withdrawal is quite painless. The error, if any, will be in using tents of too great diameter. I have never used one of more than three lines average diameter; for children two lines is ample. Their length should be two and one-half to three inches for an adult, and two inches for a child from six to ten years. The tent should be slightly curved and passed well back by the middle meatus of the nostril from which the blood is supposed to flow. No part of the tent should project anteriorly from the nostril, and the usual traction loop should be shortened so as to be out of way. This will lessen danger of interference by the patient. The removal should be accomplished by rotation and traction. I have noticed displacement of the Vomer or injury to the turbinated bones; a slight loss of blood is to be expected, but it soon ceases.—*Buff. Med. Jour.*

DILATATION OF THE URETHRA BY THE URINE ITSELF.

Towards the end of the last century Brunninghausen recommended this method of dilatation, which he claimed to be more easy and simple than that by bougies. To practice it the patient must simply compress lightly the urethra behind the glans with his fingers when

ever he wishes to urinate. The pressure must be such that the urine can only escape slowly and after having remained sometime in the canal; as a necessary result, the canal will be more or less dilated through its entire length, in the constricted as well as in the healthy portion. If this be repeated every time the urine is voided, the same effects will gradually be produced as if bougies had been used, while at the same time the inconveniences of the latter were avoided. M. Berenger-Ferand has employed this method in his practice, and the following are the conclusions he has arrived at with regard to it:

1. Dilatation of the urethra by the urine, repeated at each urination for a long time after a prolonged attack of gonorrhoea, seems to prevent the formation of strictures.

2. In cases of moderate strictures it seems to have restored the normal calibre of the canal, or at least to have restored the calibre sufficiently to render micturition easy.

3. After the operation of urethrotomy it will perhaps prove useful to prevent, or at least to retard notably, the return of the constriction.

4. In case of varicose dilatations at the neck of the bladder, or in the membranous portion of the urethra, it appears calculated to be serviceable.

5. It seems to prove useful also in the cases of partial or total hypertrophy of the prostate in old men. In such patients the first drops of urine, which are emitted with so much difficulty and slowness, will serve effectually to fill the canal if the meatus be kept closed. When the ordinary calibre of the canal is once re-established in this way, the remaining contents of the bladder can be evacuated easily. The method has this great advantage, that it does away with the difficulty of emission after the first drops have escaped from the bladder; when it is not employed, the difficulty of emission persists during the entire act; the micturition, moreover, becomes intermittent, and the bladder is

incompletely emptied, as a result of which, frequent desire to urinate is soon experienced.—*Lyon Medical.*

ELECTRIC LIGHT.

A writer thus describes the advantages of the electric light now used in Paris:

"Every sign on passing omnibus or on the buildings, every detail in the architecture of the houses, every feature of the place stands out in startling colors. The flowers are real, and the trees of lively green; every dress and hat stands out clear and sharp in its true colors as by daylight. The painted beauty of the boulevards dare not leave the gloom of the pale yellow gas. The electric light is as cruel as the sun, and her shame would be livid in the brightness. Fresh English girls, with roses and cherries won in healthful walks, stand in glad surprise under the strange white lamps, for it is sunlight, and their charms can survive the actinic test with honor. People sit in the restaurants and read their papers. It is like daylight, and it is not necessary to go to the lamp to see the print.

In a sanitary aspect it is also greatly to be preferred to gas or other lights,

"Every cubic foot of illuminating gas burnt consumes from two to two and one-half cubic feet of oxygen, and produces two cubic feet of carbonic acid hourly. An ordinary burner consumes about forty-five cubic feet of oxygen, or as much as three full-grown men every hour. And besides the consumption of oxygen and substitution of carbonic acid in its place, owing to common impurities, illuminating gas not unfrequently gives off sulphurous acid, and sometimes the still more deadly poison, carbonic oxide. These impurities, added to the heat and moisture common to the excessive use of gas in churches, opera-houses, theatres, and other large assembly buildings and halls, and various working establishments, explain the terribly oppressive stuffiness commonly experienced in such places, and accounts

for various ill effects well known to all observing physicians. Other means of lighting hitherto used, for equivalent amounts of light, are equally deleterious."

ALL OF THE METRIC SYSTEM REQUIRED IN MEDICINE.

From the *Lancet & Clinic*.

To write prescriptions in Metric terms it is necessary to learn the following, only:

1 Gram is equal to 15 grains, ($\frac{1}{15}$)
1 Cubic-centimeter is equal to 15 minims, ($\frac{1}{15}$ fl. dr.)

1 Grain is equal to 0.066 ($\frac{1}{15}$) gram.

1 Fluid drachm is equal to 4 Cubic-centimeters.

Hence—

1. To convert troy grains into grams, or minims into cubic-centimeters:

a. Divide by 10, and from the quotient subtract one-third; or, b. divide by 15; and

2. To convert apothecaries' drachm into grams, or fluid drachms into cubic-centimeters:

Multiply by 4.

The "Gram" and "Cubic-centimeter," only, should be used — (abbreviated "Gm." and "C.C.")

The centigram will be used only in books and in speaking.

All other terms, and unites, and prefixes, used in the Metric system may be wholly ignored.

The Gram and Cubic-centimeter when referring to liquids may be considered as equal quantities, except the liquids be very heavy or very light.

The average "drop" (water) may be considered equal to 0.05 C.C., or 0.05 Gm.

An average teaspoon holds 5 C.C., and an average tablespoon 20 C.C.

Example of a Metric prescription:

R.—Hydrag. chloridi corros	0.25 Gm.
Potassii iodidi	10.00 Gm.
Aque	100.00 C.C.
Tinct. chinoh. comp	100.00 C.C.

M.

The use of a decimal line prevents possible errors.

The U. S. Marine Hospital Service has officially adopted the Metric system, and many medical societies and journals advocate its general recognition.

OSCAR OLDREGE, Phar. D.,
Washington, D. C.

TREATMENT OF GANGLION.

Dr. Bidder (*Chl. f. Chir.*) recommends the injection of carbolic acid. An ordinary hypodermic syringe, having a sharp needle with a cutting edge near the point, is filled with a two or three per cent. solution of carbolic acid. A fold of the skin being pinched up, the needle of the syringe is thrust under it until the point reaches the capsule of the ganglion. A little slit is made through this with the sharp-edged point of the needle, and then, the latter being slightly withdrawn, the contents of the ganglion are expressed into the surrounding tissues. The point of the needle is then once more inserted into the now emptied ganglion, and a few drops of the carbolic acid solution are injected, and a simple water dressing is afterwards applied.—*Canada Med. Record*.

TURPENTINE AS AN EXTERNAL APPLICATION IN SMALL POX.

Dr. Farr, of Lambeth, ascribes great value to turpentine as an external application in small pox. He claims that it at once relieves any smarting or irritation, effectually corrects the unpleasant odor given off in the more confluent form of the disease, and seems in a marked degree to arrest pustulation, thereby modifying and sometimes entirely preventing pitting. In consequence of its powerful antiseptic and disinfectant properties, it tends, moreover, to prevent the spread of the infection. Mr. Farr uses it in the proportion of one part of rectified spirits of turpentine to three or four of olive oil, and applies it night and morning by means of a feather.—*The Lancet*, May 11th.

NOTES, QUERIES AND FORMULÆ.

CAPILLARY BRONCHITIS.

Ed. Med. Record—

DEAR SIR—In a card which I had the honor to have appear in a number of your excellent Journal, for 1878, I asked for the opinion of a competent Southern Physician as to pathology and treatment of so-called typhoid pneumonia—the capillary bronchitis of Eliot's Practice. In the few remarks you had the kindness to append I noticed that you made use of the interrogation point following the title "Capillary Bronchitis," intimating, as I understood it, your doubts as to identity of the two diseases—Typhoid Pneumonia and Capillary Bronchitis. I now have the pleasure of referring you to an article by Dr. Ford, in volume 34, No. 2, for Feb. 78, St. Louis Med. Journal, entitled "Croupous Pneumonia," and, also, an article by Dr. Tyndale, of New York, volume 34, No. 3, entitled "Catarrhal Pneumonia," in a series of papers on Phthisis Pulmonis. I think those gentlemen fully sustain me.

Very truly,

S. H. ANDERSON.

We make no special issue with our friend on the nice pathological point referred to in the above note. We understand Bronchitis to be an inflammation of the lining membrane of the bronchial tubes, and Typhoid Fever to be a specific, contagious, self-limited disease. When the bronchial tubes merge into capillary structure, they constitute with the connective tissue, substance of the lung itself; and the term pneumonia should be applied to its inflamed condition. The position of Dr. A. seems to imply that capillary bronchitis constitutes the disease called Typhoid Pneumonia; whereas we regard the inflammation in these cases as usually secondary, devel-

oping not unfrequently many days after the onset of the disease. In some cases we have local inflammation of other organs, as, for instance, the liver. As well might we say in such a case, that the hepatitis is the cause, rather than accompaniment of the Typhoid attack.

W.

The following valuable formula have been contributed by J. King Merritt, M. D., who has used them with great success in his practice:

No. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

R.—Liquid lactopeptine..... 6 drachms.
Fl. ex. cinchona comp..... 1 drachm.
Fl. ex. taraxacum.....
Tinct. singiber..... aa. 3 drachms.
Hydrochloric acid, diluted..... 1 drachm.
Spts. lavender comp..... 2 drachms.
Sulphate quinine..... 40 grains.

M. Dose—one teaspoonful every two or three hours.

Sig.—Quinine mixture or tonic mixture.

Remarks.—This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 p. m. to 4 a. m., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

No. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

R.—Liquid lactopeptine..... 6 drachms.
Fl. ex. cinchona comp..... 1 drachm.
Tinct. singiber..... 3 drachms.

Spts. lavender comp.....	5 drachms.
Aromatic sulphuric acid	1 drachm.
Ess. menth. pip. or gaultheria, gtt.....	10
Sulphate quinae.....	40 grains.

M. Dose—one teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. "Begin at the rate indicated—that is, if "tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit, by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

R.—Liquid lactopeptine.....	dr. fl. vi.
Fl. ex. cinchona comp.....	
Tinct. nux vomica.....	ss. dr. xi.
Spts. lavender comp.....	oz. ss.
Hydrochloric acid, diluted	dr. ss.
Syr. aromatic rhubarb	oz. ss.
Sulphate quinae	dr. ss.

M. Dose—one teaspoonful with water *ad libitum* at meals, before or after, and at bed time if required; also, use in addition, after the meals, full doses of pulverized lactopeptine with spirits lavender comp. and lime water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

R.—Liquid lactopeptine.....	6 drachms.
Liq. opii comp. (Squibbs).....	3 drachms.
Nitric acid, dilut., or aqua regia, dilut.....	dr. i
Syr. aromatic rhubarb	2 drachms.
Pulv. nit. bismuth.....	dr. ss.
Aqua camph.....	oz. ss.

M. Dose—one teaspoonful with water after each flux from bowels, and, as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and

this rule should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

CITRATE OF IRON, QUINIA, AND STRYCHNIA.

Citrate of iron and quinia (soluble).....	256 grains.
Citrate of iron and strychnia (1 per cent).....	128 grains.
Water, warm.....	1 fl. oz.
Simple elixir.....	15 fl. oz.

Dissolve and mix. Citrate of iron and strychnia, of the U. S. Ph. of 1870, contains only 1 per cent of strychnia, while that of the U. S. Ph. of 1860 contained 2 per cent. One teaspoonful of the above elixir contains 2 grains of citrate of iron and quinia and 1 grain of citrate of iron and strychnia; or about $\frac{1}{16}$ grain of strychnia citrate.

ELIXIR OF CALISAYA.

Fluid extract of cinchona.....	3 fl. oz.
Simple elixir.....	18 fl. oz.

In this condition, this elixir should not be mixed with preparations of iron, as it would become dark-colored. To facilitate its filtration, it may advantageously be made by mixing the fluid extract with all the ingredients for the simple elixir, except the syrup, filtering through paper, and then adding the syrup.

GOULD'S DIARRHŒA MIXTURE.

R.—Tinct. rhei com.....	1 ounce.
Tinct. opii.....	$\frac{1}{2}$ ounce.
Tinct. camphoræ.....	2 drachms.
Aquæ ammoniæ.....	1 drachm.
Ol. meth. pip.....	$\frac{1}{2}$ drachm.

Dose for an adult—one teaspoonful in hot sweetened water, repeated as often as necessary, until relief follows.

AILANTHUS GLANDULOSA IN DYSENTERY.

Dr. Cobert, medical chief of the British Navy in China, extols the bark of the root of this tree as superior to ipecacuanha, or any other drug, in the treatment of dysentery. It is intensely bitter, like quinia, and produces vomiting when freely used. Dr. Cobert found the dried bark of the root as good as the

recent. The Chinese physicians who employ it give a cup of the strong infusion twice a day. The tree grows luxuriantly in all parts of the United States, having been introduced for the purpose of shade. It is a very rapid grower, and propagates itself abundantly by shoots from the root, being almost a nuisance in this respect. The tree is quite common in California, and is known as the ailanthus, or pride of China. Some farther account of its remedial application may be found in the *New Remedies*.

SULPHATE OF MANGANESE.

Sulphate of manganese is recommended as a substitute for calomel. It tastes somewhat like epsom salts, and is given in doses of ten to twenty grains dissolved in water, adding a little citrate of magnesia to cause effervescence. It produces dark, bilious dejections. Dr. Goolden, in the *London Lancet*, says he has employed this medicine in both private and hospital practice for thirty-four years. Strange that so little has been said or known heretofore in regard to this drug.

THE HYPODERMIC USE OF CHLORAL IN CHOLERA.

In a late paper by Surgeon A. R. Hall, cases are reported of the successful use of chloral, hypodermically, in cholera cases, even in apparently hopeless conditions of collapse. The solution used was one part of chloral to ten parts of water; from nine to eighteen grains of the chloral were injected, and repeated according to the urgency of the case. In cholera morbus, we suppose the same good results would follow its use.

ELIXIR OF CALISAYA AND BISMUTH.

Ammonio-citrate of bismuth..... 256 grains.
Fluid extract of cinchona..... 3 fl. oz.
Simple elixir..... 13 fl. oz.

Dissolve the ammonio-citrate of bismuth in the simple elixir, adding, if necessary, a few drops of ammonia to facilitate solution; then add the fluid extract and filter.

ELIXIR OF VALERIANATE OF AMMONIUM.

Ammonium valerianate..... 256 grains.
Simple elixir..... 16 fl. oz.

Dissolve and mix. Each teaspoonful contains 2 grains of the salt.

It is customary to color this elixir; for this purpose a sufficient quantity of tincture of cochineal may be used; a more preferable coloring matter, however, is furnished by the berries of *Vaccinium Myrtillus*, bilberry or whortleberry, which is highly recommended for this purpose by one of our correspondents.

ONYCHIA MALIGNA.

The free application of the subnitrate of bismuth is recommended as the best remedy for Onychia Maligna, that troublesome and painful affection of the finger nails, known as *run-rounds*. It is properly paronychia, and is one of the forms of *whitlow* or *felon*.

ELIXIR OF QUINIA AND IRON.

Citrate of iron and quinia (soluble)... 256 grains.
Water..... 1 fl. oz.
Simple elixir..... 15 fl. oz.

Dissolve and mix. One teaspoonful contains 2 grains of citrate of iron and quinia.

COUGH SYRUP.

Dr. Kessler says, in "A. M. Journal": "We are called frequently in our everyday practice to make up a cough medicine for some of our patients. I have used all the expectorant formulas I have seen, besides a great many of my own mixtures, but so far I have obtained the most flattering results from the following:

R.—Pix liquida..... 20 drops.
Spts. nitr. dulc..... 1 drachm.
Syr. simpl..... 2 ounces.

M. S. Teaspoonful night and morning. Very few doses will suffice in most cases." — *Drug Circ. and Chem. Gaz.*

SCIENTIFIC ITEMS.

BRUTE CEREMONIES.

Proof that the modifications of conduct called "manners" and "behavior" arise long before those which political and religious restraints cause, is yielded by the fact that, besides preceding social evolution, they precede human evolution: they are traceable among the higher animals. The dog afraid of being beaten, comes crawling up to his master, clearly manifesting the desire to submit. Nor is it solely to human beings that dogs use such propitiatory actions: they do the like one to another. All have occasionally seen how, on the approach of some formidable-looking Newfoundland or mastiff, a small spaniel, in the extremity of its terror, throws itself on its back with legs in the air. Instead of threatening resistance by growls and showing of teeth, as it might have done had not resistance been hopeless, it spontaneously assumes the attitude that would result from defeat in battle, tacitly saying, "I am conquered, and at your mercy." Clearly, then, besides certain modes of behavior expressing affection, which are established still earlier in creatures lower than man, there are established certain modes of behavior expressing subjection.—HERBERT SPENCER, in *Popular Science Monthly* for February.

VELOCITY OF NERVE-IMPULSES.

The earliest experiments were made with reference to the rapidity of movement through the nerves. The first attempt to measure the velocity of nervous impulses proceeding from the brain under action of the will was made long ago by Haller. He ascertained, by reading aloud with great rapidity extracts from the "Æneid," the average number of letters which he could pronounce in one minute. Then he calculated the

length of the nerve from the brain to the muscles of the tongue and mouth. Each letter he regarded as requiring a nervous impulse. He was obliged then only to multiply the number of letters spoken in each minute by the length of the nerve. This gave as a result that the rate of nervous transmission from the brain was about 150 feet a second.

HATCHING SILKWORMS AT WILL.

According to *Galignani*, M. Duclaux, professor of sciences at Lyons, has discovered a method of hatching silkworm eggs at will. If, when the eggs are not more than two or three days old, they are rubbed with a brush, subjected to the action of electricity, dipped for half a minute in concentrated sulphuric acid, or chlorhydric, nitric, acetic, or tartaric acids, they will hatch out, and as the mulberry is in full leaf two crops of worms are thus obtained in one season. Immersion for a few seconds in water heated to 122° F. is said to be equally efficacious. The worms from the artificial hatching are said to be hardier than those reared in the ordinary manner.

THE NEW METAL GALLIUM.

Sufficient quantities of this of this new element have now been obtained to make us better acquainted with its physical and chemical properties. It is found to be a hard and malleable metal; it takes under the hammer the polish of the anvil, but rapidly grows harder and brittle, and is then liable to fly to pieces. In spite of its relatively considerable hardness, gallium leaves on paper strongly-defined marks of a bluish-gray color. It retains its lustre in the atmosphere of a laboratory constantly loaded with acid vapors, and undergoes no alteration in appearance in boiled water. In aerated water it tarnishes slightly.—*Jour. Phar.*

EDITORIAL AND MISCELLANEOUS

NOTE All communications relating to the business of THE RECORD for the years 1877 and 1878, must be addressed DR. E. C. WORD, Managing Editor Southern Medical Record, Atlanta, Ga.

Brief and practical communications are solicited on all subjects pertaining to medicine; also reports on cases in practice.

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YELLOW FEVER—NEW THEORY OF ITS PROPAGATION.

The existence of a wide-spread epidemic of yellow fever in the Mississippi valley affords an opportunity of expressing our views as to its origin and propagation.

Yellow fever prevails under well recognized atmospheric and telluric influences—conditions in many respects similar to those attending the prevalence of malarial fevers. For a number of years the writer has believed that the yellow fever poison resides in the spores (seeds) of a plant, which, when introduced into the blood of the human being, produce a virulent blood poisoning, inducing those changes in the system, called yellow fever. The yellow fever plant, according to our view, is not identical with the malarial plant. It is as distinct from the yellow fever plant as it is from the typhoid fever fungus. They are all microscopical plants: and while the malarial plant has never been satisfactorily isolated, it is believed the yellow fever fungus has been discovered by Dr. LeHardy, of Savannah, Ga. The typhoid fever fungus has also been detected, and the dejections of typhoid fever patients have been seen to contain myriads of spores—confirmatory of the theory of fungus poisoning as the true cause of typhoid fever. These plants grow, develop and fructify under specific influences. The malarial and yellow fever plants seem to possess low vitalities. They are easily destroyed by cold. The spores of the malarial plant seem to have greater resisting power to cold than those of the yellow fever fungus. The spores of the typhoid fever plant—as well as the plant itself—seem to have very great powers of resistance to cold. It is largely a winter plant.

The conditions for the full development of the yellow fever plant seem to be these:

- A mild winter preceding an epidemic.
- Excessive rain falls, saturating the soil.
- Large areas of stagnant water.

Contiguity to the sea or rivers.

Continuous warm weather—the thermometer at or above 80°F.

Limited altitude above the sea level.

It will be seen that the conditions are, in many respects, identical with those attending the production of malaria. There are, however, three points of difference. The full development of the malarial plant is not conditioned upon:

A preceding mild winter.

A themometrical continuous heat at or above 80°F.

A limitation as to altitude.

The yellow fever plant is a product of the tropics. The spores are transmissible. They can be conveyed from point to point in vessels, clothing, goods—probably upon tropical fruits, and in mail matter. The disease produced by this plant is not contagious, and personal contact with the sick is only dangerous to the well because the former undoubtedly become carriers of the spores. The plant is not indigenous, but is a tropical exotic. It is only under the proper conditions it propagates itself in the South. Under these conditions its self multiplication is wonderfully rapid. It may or may not have located itself permanently in our Southern land. Apart from the fungus theory of the origin of yellow fever, many observers assert that the poison must be newly imported before an epidemic can occur. Others deny this. They believe the facts point to its origin in malaria, the poison being intensified. Without attempting to decide the question of fresh annual importations, as a condition precedent to every epidemic, the facts bear out the statement that the poison is not identical with that of malaria. It is similar, and in this similarity lies the perplexity. As already shown, the conditions for the propagation of the plants are not identical. The preceding mild winter is not necessary for malarial production. Continuous heat above or at 80°F. is not necessary. Neither does altitude limit the full devel-

opment of the malarial plant. Yellow fever has never prevailed epidemically, say, 500 to 600 feet, above the ocean. Malarial fevers, of all types, prevail at much higher elevations. The writer has seen pernicious malarial fever—malignant and deadly—at 800 feet above the sea.

Malaria may exist one or more thousands of feet above the ocean, should the local condition become operative. Not so yellow fever. All the conditions—save that of altitude—may be in force and the fever will not prevail. To illustrate: Cincinnati can claim no sanitary superiority over Memphis or Vicksburg. Malaria is common to all portions of the Ohio and Mississippi Valleys, showing the conditions for its production to exist. Nevertheless Cincinnati has so far escaped yellow fever poisoning, because, if our theory be correct, it is 500 feet above the sea. It is on the border line. The same may be said of other cities of the Ohio and Mississippi Valleys. Why this exemption? New York and Philadelphia both on higher parallels of latitude, but at lower elevations above the sea, have had epidemics of yellow fever. Our theory gives the explanation. It contradicts no facts. The malarial plant—speaking theoretically—germinates, grows, develops and fructifies at high elevations. The yellow fever plant, a product of the tropics, may germinate, may grow, but will not—according to our theory—fructify (is seedless) at greater elevations than 500 to 600 feet above the sea. In the spores reside its poisoning power. These spores must be scattered, be planted in suitable soil and develop through all the phases to perfect fructification, before an epidemic can prevail.

The malarial plant differs in other peculiarities than those mentioned, from the yellow fever fungus. Malarial spores are not capable of transportation. There is not a case of malarial fever on record that ever originated by spores transported. Malarial fever germs, as ordinarily understood, cannot be conveyed from place to place. It appears to differ from typhoid fever and cholera germs. These are transmissible. Why the spores of the malarial plant seem to be incapable of being transported from point to point may be more apparent than real. It may be due to its universal distribution over the earth, and because it reaches the phase of fructification at all elevations above the sea, where the conditions for its growth may exist. Malarial spores may be floating, like the mould fungus, everywhere. It is also probable that, like other fungi, the malarial spores are never all destroyed by

cold, but remain dormant until the warmth of early spring, under favorable conditions, awakes them into activity. Yellow fever differs from malarial fevers in another respect. Yellow fever rarely repeats itself in the same person, whereas malarial fever may assault the same person year after year during life.

The yellow fever fungus, being a tropical plant, requires a higher temperature in order that it may complete all its phase of development. It does not—according to the best authorities—reach the phase of fructification only after long continued heat at or above 80° F. Its resistance to cold is feeble. It dies, like the stalk of the banana plant, upon the appearance of the first frost.

Many good observers believe that the yellow fever poison has found a permanent home in the semi-tropical portions of the Union. It will be remembered that New Orleans was, for 80 years, exempt from the fever, when during this time, it had scourged the towns of the sea-board just below. It was not known at Savannah until the year 1807. The conditions for the growth and development of the plant were not operative. Yellow fever patients dying with black vomit, have been repeatedly treated at New Orleans and Savannah without communicating the disease to others. The conditions for the fructification of the plant were absent.

A mild winter precedes an epidemic. During such a winter, along with tropical fruits, in clothing or goods, the spores of the plant may be imported. The moderate temperature does not destroy them. Upon the happening of the necessary conditions—the mercury of the thermometer for long periods remaining at or over 80° F.—the growing plant reaches the phase of fructification, and an epidemic, spreading from the myriads of growing plants and floating spores of the full developed plant, occurs.

If the plant has found permanent lodgement on our Southern sea coast, according to our theory—the spores, year after year, must escape destruction at low temperatures. This is improbable, because the plant does not reach the phase of fructification every year, and the preceding mild winter before an epidemic, could not bestow vitality upon the spores destroyed by the cold of previous severe winters.

It is probable, therefore, that the tropical yellow fever plant upon the approach of cold weather dies, after each epidemic, and that fresh importations become necessary before other epidemics can prevail.

W. T. G.

PROFESSIONAL TAXES.

There are in Georgia 1807 practicing physicians, of these 1285 are reported as paying the special tax of \$10. There are 326 dentists, of whom only 179 are reported as having paid a professional tax. Thus it will be seen that while less than one-fourth of the physicians evade or fail to pay the specific tax, that more than one-half of the dentists escape it in some way.

The special tax upon physicians should be removed. At the late meeting of the Georgia Medical Association a committee was appointed to memorialize the Legislature for the repeal of the special tax on physicians.

A sufficient reason for making this request of the Legislature is that Medical men, far more than all other callings combined, contribute gratuitously their time, their medicines and their labor—not to mention their health and their comfort—to the necessities of the indigent sick; a burden which morally and legitimately attaches to the State authorities. The writer of this, once during an active village and country practice, kept an account of his gratuitous services and medicine to the poor for a period of twelve months, and it footed up, the sum of \$850 out of \$1800 booked! We trust that physicians throughout the State will use their influence with their Representatives to secure the repeal of the professional tax on physicians.

NEW DEPARTURE IN DENTISTRY.

Certain prominent writers in Dentistry advocate what is called the "New Departure," as to the best material for filling teeth, affirming that the old theory that gold is the best material is incorrect, and that plastic fillings are the best. Gold, instead of being placed at the head of the list, is now at the bottom, as follows:

First, gutta serena; second, amalgam; third, tin; fourth, oxychloride of zinc; fifth, gold. Dr. Parsons, an experienced dentist of Savannah, writing on this subject, says: "That gold, by reason of its conductivity, is antagonistic to a healthy condition of the electro-magnetic constitution of the teeth."

PRINCETON REVIEW.

This is an old and well established journal, being now in its 54th year. It deals with deep and important subjects mostly of a moral and religious bearing, written by able divines and profound thinkers. It is a large bi-monthly. Terms \$2 per annum. Address Princeton Review, New York.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS.

Messrs. Wm. Wood & Co. have announced that in January, 1879, they will begin the publication of Medical Books by the most distinguished modern and standard authors, in monthly volumes of from 200 to 300 pages and upwards, handsomely and strongly bound, at the merely nominal price of One Dollar each.

Estimating from the regular prices of the books so far selected for publication in 1879, subscribers to this Library will obtain about fifty dollars' worth of medical books for twelve dollars. This will furnish progressive medical men with a rare opportunity to procure new books at exceedingly low figures. Address Wm. Wood & Co., Book Sellers, N. Y.

RHINOPLASTIC OPERATION FOR EPITHELIOMA.

Prof. Hamilton, in a Clinical Lecture at Bellevue Hospital, says he performed the second time on the same patient, a rhinoplastic operation for an epithelioma on the side of the nose, procuring a flap from the forehead and implanting it in the wound whence the diseased portion had been removed. From the time of the first operation to the second, an interval of twelve years had elapsed, during which time the patient had been free from the disease.

DR. B. M. WALKER'S CURE OF UMBILICAL HERNIA.

The ingenuity displayed by Dr. Walker in devising a Truss to meet the requirements of his case of umbilical hernia, as reported in our last, is worthy of special mention. No better evidence of a skillful and intelligent physician or surgeon than the faculty of meeting unlooked for emergencies by a ready and skillful invention of means and appliances adapted to the case.

BOOK NOTICES.

ANATOMY DESCRIPTIVE AND SURGICAL, by Henry Gray, F. R. S. Fellow of the Royal College of Surgeons and Lecturer on Anatomy at St. George's Hospital Medical School, with five hundred and twenty-two engravings on wood. The drawings by H. V. Carter, M.D., and Dr. Westmacott. The dissections jointly by the author and Dr. Carter, with an introduction on General Anatomy and Development, by T. Holmes, A. Cantab, Surg. to St. George's Hospital, etc. A new American from the eighth and enlarged English edition. To which is added "An

marks, *Medical and Surgical*, by Luther Holden, F. R. C. S., Surgeon to St. Bartholomew, etc., etc. Philadelphia; Henry C. Lea, 1878.

This excellent work on Anatomy is now as well known and so popular, both in Europe and America that any extensive remarks in regard to its merits would seem to be entirely unnecessary. The copy before us is the 8th and latest edition—an elegantly bound, compact volume of 988 pages. As in former American reprints, it has passed through the press under the supervision of Dr. Richard J. Dunglison. The work had already been three times revised by the distinguished editor, Mr. Holmes, since the last American edition, and now comes to us carefully corrected of every error that had escaped attention in England. Holden's *Landmarks, Medical and Surgical* have been appended in the present volume, which adds to its interest both for the student and general practitioner. It is extensively illustrated, and splendid in typographical taste and arrangement.

FOWN'S MANUAL OF CHEMISTRY—Theoretical and Practical, revised and corrected by Henry Watts, B.A., F. R. S., editor of the Journal of the Chemical Society, author of a "Dictionary of Chemistry," etc. A new American from the twelfth English edition, edited by Robert Bridges, M.D., Prof. of Chemistry in Philadelphia College of Pharmacy, with one hundred and seventy-seven illustrations. Philadelphia: Henry C. Lea.

This excellent work on Chemistry has been greatly enlarged and improved. Its typographical execution is fine, the type smaller but clear and distinct, and the volume sufficiently full for most purposes, containing over 1,000 pages. The internal arrangement of the work is admirable, and contains all the late discoveries and improvements in Chemistry. We hesitate not to recommend this work to both student and practitioner, and as well adapted also for use in our high schools and colleges.

DETERIORATION AND RACE EDUCATION, with practical application to the condition of the people and industry, by Samuel Boyce. Boston, Lee & Shepherd, Publishers; New York, Charles T. Dillingham, 1878.

This is a very readable work of 585 pages, dedicated to Mrs. Elizabeth Thompson, "the patriot and philanthropist, who devotes her energies to the elevation of the masses through industrial education, and labors for the improvement of the character of the men and women of America," etc.

Certainly no more important subject could engage the attention of the intelligent reader than the elevation of the masses of mankind. Whether viewed simply in its bearing upon our civil polity as a people, or from a moral and religious standpoint, this work cannot fail to attract the interest of the enlightened reader. We bespeak for it a God-speed and a world-wide circulation.

TRANSACTIONS of the American Gynecological Society, vol. 11, for the year 1877.

This is a most valuable and instructive volume, containing articles of interest, too numerous to mention here. In addition, it contains an index to the gynecological and obstetrical literature of all countries, from July '76 to January, '77. Price of vol. 11, \$5.50. For the two vols. of '76 and '77, \$10. Address Houghton Osgood & Co., Boston.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION, vol. xxviii., Philadelphia; Collins, Printer, 705 Jayne st.

This is a valuable number of The Transactions. It is a volume of 694 pages, containing many able and elaborate papers, and matter both instructive and interesting to the Practitioner.

THE reference and dose book, by C. Henri Leonard, M. A., M. D. Third edition, revised and enlarged. Detroit, S. E. corner Gratiot and Woodward Avenues, 1877.

A useful little work, containing in addition to doses, incompatibles, Tests for urine, visceral measurements, pronunciation of names, etc.

WARNER & COMPANY.

The following very high testimonial, being a cable message from the Great Paris Exposition, was recently received by Wm. B. Warner & Co., Philadelphia:

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GLYCERITE OF KEPHALINE.

See new advertisement of the above article. Prepared by Dr. C. G. Polk of Philadelphia, and sold by Albert C. Dung, of New York.

REMITTANCES are exceedingly short. Our friends do not heed our appeals, nor consider our necessities. Strange!

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R. C. WORD, M. D., Managing Editor.

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ORIGINAL AND SELECTED.

REMARKS ON THE CAUSE AND
TREATMENT OF YELLOW
FEVER AND THE BEDFORD
(VA.) SPRINGS ALUM AND
IRON MASS AS A REMEDIAL
AGENT.

By W. A. Greene, M.D., Macon, Ga., Ex-President
Georgia Medical Association; formerly chief
Surg. of Artillery, 8d Army Corps, A. N. Va.

The great pestilence of 1878, which "walketh in darkness and destroyeth at noon" may be stated in round numbers to have extended over five hundred miles in length, on the Air-Line, and seventy miles across at its widest part, sparing neither city, town, village or hamlet, clinging to the eastern side of the Mississippi river—it greatest divergence being at Chattanooga; Mobile, Charleston, Savannah and Jacksonville, and other places subject to its visits being free to this time. It seems to prefer moving Northward along the rich malarial pas-

tures of the vast lowlands that stretch out from the turbid Father of waters.

In contemplating this wide-spread epidemic, and the terrible destruction of human life, our minds linger—to think of and admire the heroism and dauntless courage of those noble volunteers and martyrs, who, while others have fled before the approach of the pestilence, have remained by the noisome couch, have breathed the foul breath, and inoculated themselves with the deadly secretions of disease, to mitigate the sufferings or save the lives of their fellow beings—and wrest from the grasp of the poison some salutary instruction.

For these two long, weary months, they have watched by the gray dawn, through the noontide heats, and all the live-long night, at the bed side of the sick, to catch the first ray of hope, to seize upon the first favourable moment in which to offer kindly aid and gain an advantage over the deadly monster.

Such entire and unreserved immolation of self, such devotion to the calls of duty—are but the repetitions of the acts and examples of thousands of our brethren, who have thus, like *Curtius* leaped into the gulf, and thrown away their own lives for their fellows; and in every age, and in every nation, are so numerous that their biographies would fill another Alexandrian Library. Like the *Prometheus* of the Greek Poet, they seem to struggle against Fate herself, and to traverse with unbending resolution the evil current of those who preceeded them to the same destiny. It is ours to stand ready to aid them with all our resources of study and investigation—that they may put limits to the sway of this dread king of terrors.

It is now too late to discuss clean streets and alleys, or correct sewerage or any system of hygienic measures—but rather, by experimental science and study of the true pathology of the disease, *seek to cure it. This is our only hope.* Our oft scourged Southern cities have already exhausted every resource, to prevent its *appearance*, until it seems no human foresight, or expenditure of time, talent or money will ever avail anything. And I regret to say, the frightful mortality in the present epidemic proves how unsuccessful and uncertain are our therapeutical means. We have in a measure mastered other diseases of nearly equal fatality as pulmonary consumption, Typhoid fever, small-pox, now a disease of the past. Rheumatism an opprobrium, now yields almost as certainly to modern treatment as the intermittents and remittents of malarial regions. In the present epidemic of yellow fever the oldest traditional theories have been demolished, and it seems to me that we are in greater ignorance of essential and specific knowledge than ever before.

Yellow fever looms up before the American people as a national peril and calamity, the Leviathen of our prosperity and the destroyer of the lives of our people, and invokes at once the serious attention of the government. It

invades alike the palaces of the rich, and the hovels of the poor; in country as well as city; the inland cities and towns, as well as the great marts of trade, the water courses and thoroughfares of commerce—sparing neither age nor sex; the foetus in utero, the babe at the breast, the youth, and the man alike are its victims. Neither is it a respecter of nationalities, the hitherto exempted negro is almost equally affected with his "white brother." And it is a noticeable fact in the present epidemic, that previous attacks have proven less effective against a recurrence than ever before, as is evidenced from the numerous attacks and deaths among the physicians, druggists and nurses, who so nobly volunteered their services to the afflicted cities. Finally—although the flower and skill of the profession, have, at the imminent peril of health and life labored most zealously, yet, no treatment has been able to reduce the average mortality below thirty-five per cent. of those attacked.

I do not propose, in this paper, to discuss the pathology of yellow fever, but give simply a brief synopsis of my opinion of its direct cause and treatment. I very much fear the space allotted in a medical journal will be insufficient to make myself understood, or convey the probable benefit I venture to hope for, from a publication of my theory.

Yellow fever is a specific malignant fever, usually of a continued type, and propagated by minute germs, and has appeared at elevations of 2,000, and even 4,000 feet above the level of the sea. No physician who has studied the investigations of *Yellow* and *Malarial* fever, made by men of ability—or themselves made the investigations, but have been struck with the *identity* of the two diseases in material respects, and I hold that any general treatment adapted to one will be found valuable in the other.

The most recent investigations agree with all previous ones, that yellow fever prevails exclusively in malarial regions, and is produced by spores of fungi float in the air, and in which often, especially

in mild types, remissions and intermissions of the fever are observable. Dr. LeHardy, of Savannah, who has given the subject perhaps more thought than any recent investigator, and fully competent, states that he has observed this (the remissions and intermissions) often among the negroes in the last Savannah epidemic, and in a majority of those cases quinine controlled the febrile symptoms. On this important point we have the valuable testimony of Dr. Robert Lawson, inspector general of hospitals, who has seen yellow fever on the West coast of Africa and in the West Indies, as well as the United States, and given special attention to the features which characterize it, and serve to distinguish it from other kinds of fever. He says, "the train of urinary symptoms and other characteristic features of yellow fever were as fairly developed in the periodical as in the continued form of the disease; the definition of yellow fever which represents it as being always of the continued form, is altogether erroneous."

While the yellow fever plant may not be identical with the malarial plant, (neither having been sufficiently isolated and explained); yet, the conditions for their development are strikingly similar, even to a casual observer. Neither are contagious by personal contact. Malarial fevers of more or less severe type invariably follow as a consequence, when there has been slight frosts, few freezes, unusual quantities of rain, saturating the earth and filling the ponds and low places, resulting in stagnant water and much decayed vegetable matter. These are the conditions which propagate yellow fever, and in which it luxuriates and delights to dwell, leaving wretchedness and death in its wake.

For these reasons and others, gathered from a residence and practice of nearly thirty years in an intensely malarial region, with close observation and patient investigation of the diseases peculiar thereto, and an experience with yellow fever sufficient for practical purposes. I

am forced to the conclusion that *it is the combined influence of the spores of the yellow fever and malarial plants, acting together, and upon each other, under favorable conditions for their mutual development, which produce and propagate yellow fever.* It will be noticed that the identical surroundings or conditions are always required for the germination, growth and development of yellow fever; and in closely studying and observing the types of different epidemics, I have noticed that it is controlled by the predominating presence of the one or the other cause, being milder if the malarial is in excess, and severer if the yellow fever has supremacy, and will yield to a lower degree of temperature or spread and be susceptible of more rapid multiplication when it is higher, for the same reasons.

And again, the treatment that has been found successful in one epidemic failed perhaps in the next, in the same locality, which can be explained by the same theory. A notable instance being the epidemic of 1847 in New Orleans, in which the cases were controlled most satisfactorily by quinine; but the advocates of quinine treatment were doomed to a most unexpected disappointment in the severer epidemic of 1853.

In the former epidemic, in all probability the malarial cause was in excess, and accounting for the good results of quinine, upon which the physicians mainly depended. The epidemic of 1853, as all will remember, was unusually severe, and I have no doubt the yellow fever poison predominated to such a degree as to render the malarial antidote almost inert as a remedy. There seems to be a mutual intensification of these subtle poisons by their commingling in the atmosphere, and entering the animal system.

The striking similarity which yellow fever so often presents to the malignant or pernicious forms of malarial fever, has always perplexed etymologists in the investigation of the former—and this theory may open up the way for a

more satisfactory elucidation of the subject. In fact so difficult is the differential diagnosis, that the first cases in all epidemics are diagnosed and treated for some form of malarial fever, even by *experts*—those who have had considerable experience with yellow fever. It is fresh in the minds of many of us, who were residing in the Southern portion of Georgia at the time, concerning the doubts as to the character of the fever which proved so fatal in Bainbridge, Georgia, a few years since. For several weeks it was pronounced and treated for the *haemorrhagic malarial* fever which had been prevailing in that section previously---until the rapid multiplication of cases and alarming fatality excited and aroused the entire State, and consulting physicians were summoned from the yellow fever cities, and pronounced it genuine yellow fever. There are those, even to this day, and intelligent physicians, too, who are not satisfied with this diagnosis. Bainbridge is a small inland town, with some 1500 inhabitants where yellow fever had never before appeared---neither was it at the time prevailing at other points in the vicinity, so far as I remember, nor did it extend beyond the town. There was also considerable speculation concerning the fever when it first appeared in Memphis in the epidemic before this one. In neither of these instances did the fever yield as promptly to the *first* frosts as has been its custom on the *coast* heretofore. We can here again explain these irregularities on my theory of the two poisons operating together, and the malarial predominating---for we know the latter does not yield decidedly to low temperatures---but is decidedly mitigated.

In the fever called "Typho-malarial" we have another instance of two separate and distinct poisons operating at the same time, in the same patient---the typhoid and malarial fungi. We have a knowledge of the typhoid fever fungus, which is distinct from the malarial plant. According to the predominance of the one or the other of these causes, will the

fever assume the typhoid or the malarial characters in excess, and to be treated accordingly.

The haemorrhagic malarial fever, so similar to yellow fever, requiring nearly the same treatment, I believe to be caused by the spores of a plant resembling the yellow fever plant, which, combining with the malarial plant, intensify each other, and poison the blood of those coming within its influence, producing this characteristic fever, which, of recent years, has prevailed so extensively and fatally in the malarial regions of the South.

Since this fever made its appearance in Georgia during the years 1868 and 1869, I have carefully and patiently watched and studied it, with a view of ascertaining its true cause, pathology and treatment. I have given the profession the benefit (if any) of what little I have discovered in previous papers, contributed to the "Richmond and Louisville Medical Journal," in 1870, and more recently in "The St. Louis Medical and Surgical Journal" (June number, 1878), and the "Cincinnati Medical News," October, 1878. In those papers I strongly advocated the use of the "Alum and Iron Mass" as a chief remedy, sustained by giving a few cases. It was in pursuing those investigations I arrived at the theory of the cause of yellow fever as expressed in this paper, and from the strong resemblance of the two diseases, based my theory of the treatment of yellow fever. I regret my limited opportunities for more thoroughly testing my views of this treatment of yellow fever with the iron and alum mass, before appearing before the profession in an article so strongly recommending it; and would not do so, but for the reason that the disease is prevailing so alarmingly and fatally in our Western cities, and if there is any good in it, the physicians there could use it, test it as thoroughly and perfectly as I could, and more so; and if my sanguine expectations should be realized, even a *tithe* of them, I will feel that I have done some good, though not

present to share with them the dangers and hardships of administering directly to the afflicted ones. I can say, truthfully; I never had more confidence in a remedy, and have good reasons for it, from my experience with it, and success in treating hæmorrhagic malarial fever, and the few cases of yellow fever that came under my notice and attention in 1876, from Savannah. I earnestly insist that the physicians who now have ample opportunities for testing the remedy, will do so at once, and communicate directly with me for any further information on the subject. But for my peculiar surroundings, I would at once go to some portion of the yellow fever district, and use this theory of treatment, and make further investigations of the causes.

I invite a careful examination of the analysis of the mass as procured from the waters of the Bedford, (Va.,) springs, which, taken in consideration with my theory of the cause of yellow fever, and its similarity to the form of malarial fever I have considered, the adaptability of the treatment at once becomes apparent. The usual preliminary treatment of putting the patient to bed, covering him up, closing the apartment, foot baths, with strong mustard and pepper, friction of limbs, elder-leaf and other teas to produce perspiration, assisted by hot bricks, bottles of hot water, and boiled corn, about patient's body and extremities, or mustard plasters *ad infinitum*, may sometimes be proper in a guarded manner. But this hot, fiery, pungent treatment, should be carefully administered, as every case may not require this stereotyped proceeding.

In all specific diseases there is some specific remedy on which we build our main hope of reliance as the alkaloids of Cinchona bark in intermittents and remittents, mercury in Syphilis, Iod Potass and Salacylic Acid in Rheumatism, etc. In yellow fever, I should build my hope of cure chiefly on the Iron and Alum Mass of the Bedford (Va.,) Springs, as it is condensed from the water by pure and simple evaporation. It is now well-known to all physicians and needs no

special mention. The medical properties of the several constituents as shown by the analysis of eminent chemists will readily suggest their effects on the system. It is an alterative tonic, steadfast and gentle diuretic and febrifuge, mild aperient, acting alike on the secretory and excretory organs—and when administered in proper doses producing as satisfactory, "billious discharges" from the bowels, as are obtained from calomel. I regret the lack of space to speak more particularly of the analysis and consider in detail the medical properties and therapeutical effects of each constituent, I will however refer to some of the most prominent ones. We notice first, the unusual quantity of iron existing in the mass chiefly as ferric sulphate, the most useful and valuable form for medicinal purposes. Also the sulphate of aluminum. The sulphate of magnesia and sulphate of manganese are very valuable properties, the latter just now attracting much interest since Dr. Goolden, of the London *Lancet*, described its peculiar and specific virtues as a remedy substituting calomel, for its direct action on the liver, and free from many objections of this powerful drug, in debilitating affections. When combined with sulphate of magnesia (epsom salts) as in these waters, it requires very minute quantities to obtain its specific action. It is principally to these ingredients we are indebted for the action of this "mass" on the hepatic secretions. Then again we find a large compliment of free sulphuric acid. In the treatment of hæmorrhagic malarial fever, I have for a long time considered the *mineral tonics* absolutely required in its treatment, and I find Professor Jones in the "New Orleans Medical and Surgical Journal" recently commending them in the treatment of yellow fever, also, which is increased and most valuable testimony in support of my theory of treatment of the two diseases, and also, of the further position that a similar treatment is adapted to each. The mineral tonics abound in this combination of the Alum and Iron Mass, containing ten parts of iron to every

hundred of the mass. The other constituents which assist materially in promoting its good effects in various diseases, I have not time to consider in detail.

If these views briefly and imperfectly advanced as to the abnormal conditions existing in yellow fever be correct, the indications of treatment would be mineral tonics to produce contractility of the capillary vessels, and effect needful changes in the blood which has been prevented by the poisons, to stimulate the functions of the kidneys, bowels and skin to increased activity, and, to interrupt any paroxysmal disposition or tendency of the fever. I have not had trouble with suppression of urine, since using this remedy, in the treatment of these diseases, unless the case was too far advanced before treatment.

My mode of administering the Alum and Iron Mass is to begin as early in the attack as possible, giving the largest possible doses the patient will tolerate, saturating the blood, and bringing the system speedily under its influence, and afterwards continue it in such doses as may be necessary to preserve its effects; preceded by a warm pediluvium, or, in bad cases, a semicupium. In the meantime make use of such hygienic treatment and regulations as the general indications may require. These, of course, are not regular in all cases, but are governed by all the various circumstances and conditions that regulate us in the treatment of any other disease. If the medicine is properly administered and the patient well nursed under ordinary circumstances, very soon the pain in head, back and limbs will begin to subside, and the nausea be relieved—the urine rapidly improves, losing its thick, albuminous character, gradually becoming clear and limped, and the paroxysms are rendered milder, less frequent and of shorter duration. Of course this is the result in favourable cases of yellow fever, and in hæmorrhagic malarial fever may be looked for oftener than otherwise.

Of the *modus operandi* of the "Alum Iron and Mass" and the mineral waters

of the Bedford (Va.) Springs, I confess knowing but little if anything; and yet, perchance this may be as much as any of us know in relation to the *modus operandi* of many other articles in the relief of diseases for which they are so confidently administered.

The author of the above idea further says, that each and every organ and tissue in the animal economy is possessed of a *vires vitæ*, which *vires vitæ* is peculiar to and inherent in such organ or tissue. That this *vires vitæ* is susceptible of being acted upon, stimulated or depressed by appropriate agents, follows as a necessary consequence. Add to this, the well known established principle in therapeutics, that each remedy in the great arcana has some inherent property or quality that directs its action to one organ or tissue in preference to another; in other words, it is possessed of an elective affinity or franchise which directs, controls or modifies its action; and we derive our knowledge of this affinity from accident, from experience, or after a chemical analysis. We venture to use it when there appears to be a natural adaptation to the pathological condition of the organ or tissue. From these aphorisms, pathological and therapeutical, we may be able to deduce the *modus operandi* of the Alum and Iron Mass in yellow fever and hæmorrhagic malarial fever.

If the foregoing propositions and suggestions, hastily and very imperfectly considered, contain any considerable amount of truth, it behooves us, as the guardians of suffering humanity, to propose better ones, or adopt them at least for a trial.

I am not able to furnish an egotistical array of cases of yellow fever, but only make a simple statement of a few facts in regard to the effects of this remedy in the disease under consideration. I hope no one will be so unkind as to denounce the remedy on account of the humility of its origin. I commenced using it in cases of the diseases mentioned and found I was much more successful with it than

with any former course pursued by me. I have instituted comparative tests with it and other remedies recommended by our best authors, and yet prefer the one under consideration. I am aware, and it is proper, that facts, ascertained by experiments sufficiently clear, and repeated sufficiently often, and observed by a sufficient number of witnesses, must be taken as the basis of all the sciences--and of ours more than all the rest.

Every theory appeals at last to facts and experience: there is no alternative, and must consent to be judged by the observed results of the application of the principles or hypothesis suggested. The powerful force and reliability, as well as confidence of our ancient brethren in the results of experience and experiment as being conclusive of the value of any remedy—we find in the sayings of Broussais, who was the most ingenious and obstinate of dogmatists. He said in his forcible strictures upon the numerical plan of Louis that, "If it can be proved upon experience that tartar emetic will cure a *gastro enterite*, I will administer it; if arsenic will do good, I will prescribe that." This, then we may recognize, as the primary rule, the elementary principle of our science. From the champion of every theory or school we should be willing to learn what he is eager and able to teach—and to select from each his best weapons and make them useful in this interminable contest, and as in the phrase of Bacon, "all error is founded in some truth" we can find instruction everywhere.

In concluding this paper I desire to say further concerning the use of the Alum and Iron Mass—that it is a very valuable remedy in many forms of cutaneous affections, more especially of the scaly variety. I have seen cases of Psoriasis inveterata which had resisted the long continued use of arsenic, iodine and other remedies, yield readily to its influence, especially in patients of dissipated habits, complicated with enlarged liver. It is also a useful remedy in eczema and syphilitic squamæ; open ulcers which have long resisted other treatment

I have seen heal rapidly by its local application—at same time taking it internally.

In the various forms of dyspepsia, I have observed the most gratifying results, speedily relieving the severe headache caused by deranged digestion and inactive liver.

The following extract from a private letter written me by Bishop Geo. F. Pierce, of Georgia, is valuable testimony of the efficiency of alum and iron mass, for the troubles he mentions and from which many of our public men suffer in the South, who perform large amounts of brain work, as does this highly favored, eloquent, and universally beloved Bishop.

He says—"I knew one extreme case of dyspepsia cured by the iron and alum mass. It cures ordinary sick headache, will prevent it if taken in time. I found it in my own case when greatly run down in strength, an excellent tonic restoring appetite and vigor. I have great faith in it, in all cases for which it is recommended." If any reliance can be placed on what I have written concerning Alum and Iron Mass, it is unquestionably a valuable medicine, possessing active curative powers, and having a wide range of action. The supply being inexhaustible, easily procured, and cheap—is more likely to be pure and of uniform strength. It is peculiarly adapted to hospital and dispensary practice, and should attract more attention from the profession in this country than has hitherto been given to it.

YELLOW FEVER.

BY T. B. GREENLEY, M. D., OF KY.

There is quite a controversy of late among medical men in regard to the contagiousness, and portability of yellow fever both in the medical journals and secular press of Louisville.

Some of our ablest brothers are arrayed on either side of these important questions; among whom stand Drs. Blackburn, Gail'aird etc., on the affirmative,

and Drs. T. S. Bell, L. P. Yandell etc. on the negative, whilst a few take middle ground, and say that it is not personally contagious, but may be transmitted by means of clothing, bedding, &c. At the head of this theory stands Surgeon General Woodworth of the U. S. Marine Hospital service.

Now where such prominent and able men in the profession as these differ so widely in opinions and theories, how are such differences to be settled except by facts as developed by the history of the disease?

Dr. Bell strongly takes the ground that yellow fever is the product of malaria, and of course endemic in its origin. He maintains that sixty days of solar heat sufficient to cause a mean range of 76 degrees F. with moisture and vegetable matter in due quantities, will generate malaria strong enough to produce the disease. He also affirms that we never have in the Ohio valley solar temperature sufficiently protracted to engender this plague, and hence it is impossible for it to become epidemic in Louisville and other cities and towns on the Ohio. According to the history of the disease in Louisville, there never has been a case aside from those who had lately arrived from infected localities.

Dr. Blackburn on the other hand maintains that the disease is both contagious and portable, and that it is exotic in its origin. He is of the opinion that the portable principle consists of a microscopic germ that may be carried in clothing, or even in ballast on board of ships from point to point, and when brought in contact with persons living in localities where a great deal of uncleanness and filth exists may develop the disease. He also believes that a person in health may take it from a patient sick with the fever. Either of these views or theories would seem to be more reasonable than that of Surgeon General Woodworth. He says in his circular respecting quarantines that a well person will not take the disease from a sick one, but may take it from his clothes. Now this idea at first sight

even strikes the mind as palpably unreasonable. It is as much as to say that the poison, or contagion or germ, or microphyte or whatever principle it may be that produces the disease is much stronger after it leaves the body of the patient and enters his clothing or bedding, than it is as it emanates from his body. That idea is too absurd to be entertained for a moment. Were it true the question would arise how shall we treat yellow fever without clothing or bedding? We might tax the genius of some inventive mind to construct a mattress of hair or very fine wire and dispense with clothing. Male and female patients could be attended by nurses of their own sex, and thus stop the spreading of the disease.

On the portability and contagiousness of the disease depends the entire question of the utility or non utility of quarantines. If it is not portable nor contagious then quarantining against it is a great and monstrous outrage, both against the people of infected places and the commerce of the country. It is a question of momentous import, and should demand the attention of government authorities. There should be a commission appointed of the most learned and scientific men of our profession, who are versed in the history of epidemics, and who could set aside preconceived theories, and investigate and collect facts in regard to the habits of yellow fever so as to enable them to report unbiased and profitably. If it should be ascertained that it is not contagious and cannot be transported, then the barbarous and inhuman quarantine should be abolished.

Now which of these theories is the most plausible? We will test them by facts. Yellow fever never prevails in cold weather, in fact cold weather abates it at once where it is prevailing. It always selects localities where there is a great deal of filth or in close proximity to marshes or malarious places after long protracted solar heat.

CLEANLINESS AS A SURE PROPHYLACTIC.

If a person goes from an infected locality to one where the disease never has prevailed he may take it, but no one else will take it from him.

This fact is being now fully verified every day in Louisville. Many persons are going there from New Orleans, Memphis and other places in the South where they are taken sick and die, but not a single case has yet originated there.

Some might say that these facts do not prove the disease not to be contagious.

We are not trying to prove a negative, but leave the other side to prove the affirmative—that it is contagious. If it can be shown that a single case occurred independent of contagion or portable germ then that theory falls to the ground.

Doctor Woodhull, Surgeon U. S. A. who went to Savannah to enquire into the cause and study the history of the epidemic of 1876 in that city, after a thorough investigation came to the conclusion that it was of local origin.

He was strongly prejudiced in favor of the importation theory.

His report is published in the July Number of the "American Journal of Medical Sciences" for 1877. He says: "The condition of Savannah in the summer of 1876 may be epitomized as follows: On the west, north, and southeast, and in a less degree on the east there were badly drained lowlands that had been flooded by unusually heavy rains in June; on three sides, but especially on the west, large amounts of garbage were deposited near the city; the sewers gave off foul gases, sufficiently to attract general attention; the supply of the city water-works were drawn from contaminated sources; the soil of the city was probably saturated with the products of animal decomposition, and the wells from which much of the drinking water was drawn penetrated this soil; to the east at an average distance of 700 yards was the open and practically stagnant sewer,

known as the Bilbo canal, and 400 yards further east was a rice plantation in full cultivation.

While as stated at the outset, I began this investigation with the expectation of tracing the epidemic to an imported source. I have been led step by step, contrary to my anticipations to these conclusions, to wit: that it is of local origin and dependent on the unhealthy condition of the city and its surroundings.

The result of Dr. Woodhull's investigation, which was thorough and exhaustive, and the facts of its local origin being so strong and convincing as to change his preconceived theory of the exotic origin of yellow fever should have great weight in the minds of all members of the profession who have not had equal opportunities to study its characteristics. Much credit is due him for his great pains taking investigation and extremely able and unprejudiced report.

I look upon it as offering, not only strong but unanswerable argument in favor of the local origin of the Savannah epidemic of 1876, as well as being dependent upon the presence of malaria in a virulent form.

The germ theorists all agree that certain conditions must exist in the localities where the contagious principle is caused before it can take root and produce the disease. There must be hot weather, filthy streets, etc; in other words there must be malaria in due quantity to furnish the germ a nidus for its proper development.

Now you see that if it was not for this little mite of a germ, this inconceivable, infinitesimal microphyte, the contagio-portable theorists might shake hands with the malarial theorists.

At first view it would seem that such a small atom might be gotten over without stumbling, but in this it appears we are to be disappointed. That imaginary particle is to be held out. It must be cousin-german to that invisible agent that travels over the world producing cholera.

Laying all theories and prejudices aside I believe all the phenomena of yellow fever can be accounted for by taking malaria as its cause of production. It has its synonym, to some extent, in some of the known malarial troubles; to wit: conjection, remittent, pernicious inter-mittent, and if you please cholera. It generally attacks in the night, and is attended with suppression of urine, resembling cholera in these regards. It prevails in localities and at the season of the year and under circumstances when and where we might expect known malarial diseases to prevail, and when all the elements are present to constitute malaria. It is cut short by the very weather that we would expect to oust other malarial diseases. As it resembles known malarial troubles in some of its characteristics, would it not be well to try the great anti-malarial remedy as a prophylactic? Dr. Bell highly recommends the free use of quinine in this way, and as it is an antidote to malaria generally, I have no doubt that if persons living in infected localities would keep their systems saturated with this remedy it would prevent the development of the disease.

Dr. Bell believes that cholera and tropical dysentery, as well as yellow fever depends on malaria for their cause, but in varying degrees of intensity. He also believes in the latency of these affections; that persons may after leaving localities where the diseases are prevailing, have them developed in places even where they could not originate. This has occurred frequently in regard to yellow fever and cholera.

A circumstance occurred recently that might by the casual observer be construed to favor the theory of portability and contagion. I alluded to the case of the steamer John Porter, which left New Orleans in July some time after the yellow fever prevailed in that city and made her way up the Mississippi as far as St. Louis, thence to Louisville and up the Ohio as far as Gallipolis, some distance above Cincinnati. Most of her crew had either left or died before reaching

Louisville, and new hands were obtained. She was quarantined at Gallipolis and not allowed to permit any one to go ashore. Several of the recruits took the disease aboard and died. Now it seems to me that the development of the disease aboard that boat can be very easily accounted for on the malarial theory, without paying any attention to the imaginary germ. All the reporters who went on board of her represent her condition as far as filth, and stench from bilge water were concerned, to be most intolerable. She verily brought the New Orleans poison with her, and as the weather continued hot during her trip several weeks it did not abate any of its virulence. A person confined on board of that boat with all the surroundings were just as much exposed to the cause of yellow fever as he would have been in an infected district in New Orleans.

CHOLAGOGUES.

Professor Rutherford pointed out that clinical observation was very defective in regard to the action of medicines on the liver. It was difficult to ascertain the amount of bile secreted. Some substances resembled the bile in color, as rhubarb. Again, when bile had been secreted, it was sometimes retained in the alimentary canal, especially if the cholagogue were not at the same time a purgative, as was the case with many substances which acted on the liver. Again it had been proved by his experiments that all medicines which acted as purgatives, but did not stimulate the liver, lessened the secretion of bile. This law had been clearly demonstrated. After reviewing the methods of experimenting upon the liver by former experimenters, as Hughes Bennett, Rohrig, and others, and pointing out wherein their methods were defective or fallacious, Professor Rutherford briefly des-

*Paper presented to the Medico-Chirurgical Society of Edinburgh, June 19th, 1878.

cribed how his experiments had been conducted. They were all performed upon dogs in a state of fasting. The animal was fed at 4 P. M., and the experiment was commenced about 9 o'clock the following morning. The animal was kept perfectly still by means of curara, which paralyzed its movements, and artificial respiration was kept up by making an opening into the trachea and introducing a pair of bellows, worked by a small steam engine. The respirations at sixteen per minute. It was necessary to keep the dog in a state of fasting, for when food was being absorbed the hepatic cells were rendered more active. It was necessary to use curara, for chloroform and ether both increased the activity of the liver. Several observations were first made to ascertain how much bile was secreted normally by the liver in a given time. The amount was measured every quarter of an hour, and the experiment lasted nine or ten hours. An opening was made into the abdomen in the linea alba, a canula was introduced into the common bile duct, and the bile was allowed to fall into a fine cubic centimetre measure. The gall-bladder was squeezed so as completely to fill the canula, and a clamp was placed on the cystic duct to prevent the return of the bile into the gall-bladder. It was found that the flow of bile when no substance was applied was tolerably regular, but had a tendency to diminish after several hours, owing to the exhaustion of the liver. The substances were all introduced into the duodenum for two reasons; first, on account of the large amount of mucin in the stomach of the dog; and secondly, because many maintained that the action of cholagogues was due to their irritating the mouth of the common bile duct.

Professor Rutherford experimented with the following substances:

1. Croton Oil.—He commenced with this substance because, according to Rohrig, it was the most powerful cholagogue. In one experiment he gave 15 grains, in another 3 grains of croton oil,

and he found from these experiments that croton oil was a cholagogue of such feeble nature that it might well be discarded. He tried also the action of water alone, and found that it did not affect the secretion of bile to any notable extent.

2. Podophylline.—He injected 10 grains of this substance, and found only a very slight increase of bile, because it acted as a too powerful purgative. In another case he gave 6 grains of podophylline, and there was a very constant rise in the secretion of bile. As resinoid substances were very insoluble unless mixed with bile, which dissolved such substances, he injected 9 grains of podophylline with a little bile, having previously ascertained that such an addition did not notably affect the secretion of bile. In this case there was much purgation, and for the first half hour the secretion of bile rose enormously, but afterwards fell almost to a stand-still. From these experiments he found that podophylline was a powerful cholagogue. As the experiment occupied a great deal of time Professor Rutherford associated M. Vignal with him in their execution.

3. Castor Oil.—This was the next substance tried. He gave one ounce and found that it did affect the liver. On the other hand, as purgation set in there was a diminution of the secretion of bile due to the purgation.

4. Gamboge.—He gave 4 grains, and there was no rise, but a decided fall, due to excessive purgation.

5. Sulphate of Magnesium.—He gave 60 grains, and after a time another 60 grains, but noticed only a fall in the quantity of bile secreted.

5. Chloride of Ammonium.—He gave about 20 grains of this substance four times repeated, and the secretion fell. The effect of purgation was to diminish the bile by draining the portal system. Part of the bile was normally reabsorbed, and especially the sulphur-containing substance, and reconverted into taurocholic acid; but purgatives prevented this by washing away the bile after it

had been poured into the alimentary canal.

7. Aloes.—He gave 60 grains, and the secretion of bile rose high, and remained so for a long time. Small doses affected the secretion of bile only slightly.

8. Rhubarb.—He gave 17 grains four times in the form of infusion, and the secretion of bile rose afterwards. Rhubarb did increase the secretion of bile, but was a feeble hepatic stimulant.

9. Senna.—He gave 45 grains five times. It stimulated the liver, but was not a very powerful cholagogue, being accompanied by purgation.

10. Colchicum.—He gave 60 grains of the extract, and there was a very high secretion. It was a decided cholagogue, but not a powerful one.

11. Taraxacum.—He gave 180 grains of the extract and afterwards 120 grains, and the secretion of bile rose, but so slightly that he concluded that taraxacum was an extremely feeble cholagogue.

12. Scammony.—He gave 4 grains and afterwards 8 grains, and found it a very feeble cholagogue.

FEVER OF DENTITION.

A writer (in Dental cosmos) on the high fevers and nervous excitement of teething children, threatening spasm says:

As means to allay nervous and arterial excitability, no medicine in the experience of the writer, surpasses the bromide of potassium, or a combination of that salt with veratrum viride.

To one or two drops of Norwood's tincture of veratrum viride the writer conjoins five to ten grains of bromide of potassium, repeating the dose every two, three, or four hours, as found necessary. If irritability of stomach exists, the bromide of camphor may take the place of the potassium.

As formulæ for the first, the following may be given:

R.—Tinct. verat. viride (Norwood's), gtt. viii;

Potass. bromidi, one drachm;

Aquæ, one ounce M.

A teaspoonful *pro re nata*.

In using the veratrum viride it may be best to employ it unmixed with other medicines,—that is, where a nurse is to be trusted. Given in drop doses, it can be repeated each half hour, or hour, until the frequency of pulse is found to yield. It is, however, a formidable agent, and is not to be used except under close supervision by the physician.

Lancing the tumid and congested gums is a practice that, in the majority of cases will anticipate all necessity for constitutional medication. A lancet and an aperient, or a little iced lemonade, constitute the therapy commonly demanded in practice.

Concerning irritability engendered in the spinal cord by improper motions, much is to be said.

At the present time the writer has under his professional care a patient, where spasms of the neck-muscles of a most unyielding character are traceable directly to concussion produced from riding over the paved streets, although the carriage used by the lady is of the most luxurious description.

The jumping up and down of a baby in the arms of a nurse is, at the dentitional period, a reprehensible practice; quiet is the indication.

Not always is it, however, that dentitional irritability is found to have associated with it vascular perversion. It is grave to commit fault in such direction of diagnosis. To make such mistake could have no excuse; to learn the condition implies alone the placing of a finger upon the temporal artery, together with appreciation of collateral circumstances.—A. B. C.

TREATMENT OF TYPHOID FEVER.

In a lecture by Dr. Alonzo Clark, reported in the *N. Y. Med. Record*, he remarks: I may safely say to you that a case of typhoid fever of average severity needs no medicine except for the relief of certain symptoms, such as sleep-

lessness, perhaps a little urgency in the diarrhoea, sensation of burning on the surface of the body, etc. There are a great many cases of typhoid fever which need no treatment whatever by way of drugs, but everything by way of management of the case. Still, it does happen in many of these cases that some one of the symptoms requires treatment. The diarrhoea, for example, in many cases requires restraint.

Diarrhoea does not occur in every case of typhoid fever in this country; perhaps it does not occur in two-thirds of the cases. The astringent I have referred to so frequently is found to answer a very good purpose. It consists of:

B. Bismuth. subnit. . . . dr. i.

Morphiæ sulph. . . . gr. i.

M. et. div. in chart. No. xii.

One to four a day.

The common astringents tr. kino and tr. catechu may be employed, and the decoction of blackberry root is sometimes very servicable. In some cases it requires the moderate free use of opium to restrain the diarrhoea.

There is always a *cough* in typhoid fever, but as it is not important in the average case, I have not mentioned it until now. There is slight bronchial irritation, which appears early in the disease, and continues usually until the period of imperfect anæsthesia is reached, then it may cease. The material raised is commonly a glairy mucus, but in some cases the slight bronchitis becomes a catarrh, and will require treatment. It will need the same treatment as bronchitis occurring under any other circumstances, except that the tonic expectorants will be most likely to do good. Perhaps one of the best that can be used is the *Ob. Tr. of Benzoin*, in doses of ten drops on sugar once in three or four hours. A very good combination is the tincture of the balsam of tolu and the mistura guaiaci.

B. Mist. guaiaci. . . . dr. j. to ℥ss.

Tr. balsam tolu. . . . gttss. vj. to x.

M.

This can be repeated every two, three,

or four hours. Sometimes the inhalation of the vapors of warm water seems to be required for one or two hours each day.

Restlessness is one of the prominent features of the disease, and that will very frequently be entirely quieted by sponging the surface of the body with warm or cold water. If the temperature is high cold water is better than warm; and in some cases a Dover powder will be required.

The *temperature of the body* will require your attention. In many cases of typhoid fever it does not rise to a dangerous point; in a few cases it does. You will see the greater number of cases go through the entire course of the disease without the temperature at any time reaching 105° F. In a case of average severity the maximum temperature is about 104° F. in occasional cases it reaches 106° F. or 107° F., and then you will either give quinine in pretty decided doses or use cold water for its reduction. If the patient is a young person, the cold bath is the most convenient means of reducing the temperature, and certainly the most efficacious. The temperature of the bath should be only ten degrees below the temperature of the body when the patient is first put into it. If the temperature of the body be 102° F., the patient may be placed in a bath having a temperature of 95° F.; then some of the warm water can be removed, and be replaced by cold water until the bath has been reduced to 80° F. If the patient is permitted to remain in the bath twenty minutes, the temperature is usually reduced 1 2 3 4 or 5 degrees.

He is then removed from the bath, put back into bed, and it will be several hours, usually, before the temperature will rise as high as it was before using the bath. When it rises, another bath is to be given, and in that manner you will go on repeating the bath as often as may be necessary to keep the temperature below the point of danger.

The son of one of the Professors in

the college has within the present season had typhoid fever. In his case the bath was used about five times a day for several days, and always with the result of reducing the temperature and affording great relief to the patient.

For the hemorrhage from the bowels there is but little that can be done, unless, in addition to absolute rest, the fluid extract of ergot be administered.

For the perforation of the bowels, I have some faith in the opium treatment. As I told you, I feel confident that I saved one doctor's life by the narcotizing influence of opium, and there is no objection in typhoid fever to the administration of this drug.

"Grave fed fevers," typhoid fever as well as typhus; and now we come to the two essentials in the treatment of this disease. I am in the habit of repeating the old proverb, "Stuff a cold, and starve a fever," and then add that we stuff them both now. First, then, the administration, steadily and preservingly, of such food as can be absorbed by the stomach. We cannot talk much of digestion; the stomach is in a diseased condition, and cannot digest well, consequently everything solid in the way of food is out of the question. Most of these patients dispose of milk pretty well. For all those who can dispose of it, milk is the best food that can be used. For those who cannot use it, you will be obliged to do the best you can with beef-tea, raw egg beaten up with water, and made of such consistancy that it can be taken with a spoon; and the expressed juice of beef. The beef-tea does not contain a great deal of nourishment, and when it can be used, milk is a much better article of food.

The expressed juice of beef answers very well, and can be obtained by cooking a piece of steak so as just to crust the two surfaces, and then cutting it into pieces and squeezing the juice out with a lemon-squeezer. The broths are given rather as diluted food in the early part of the disease, when it is supposed that the patient should not take much nour-

ishment, but as the disease advances, the food should be more and more sustaining. In cases in which the stomach fails to retain the food, nutritious enemata should be employed. You will remember that the disease which produces the diarrhoea, is in the small intestine, not in the large.

The other essential of which I wish to speak is fresh air, but I will reserve that for the opening of the next lecture.

CAUTERIZATION OF CERVIX IN VOMITING OF PREGNANCY.

BY JOHN M. BORING, M.D., ATLANTA, GA.

My attention was called to an article on "The Vomiting of Pregnancy and its Treatment" published in the "London Lancet" in which is detailed the history of quite a number of cases of vomiting of pregnancy and its treatment by Dr. Jones, of Chicago, and Dr. Marion Sims, of New York. I was so favorably impressed by the history of the cases detailed by Drs. Jones and Sims, that I resolved to give the treatment suggested, and so successfully practised by them, a fair test in the first case that fell into my hands. I had but a few days to wait before an opportunity presented itself.

On June 20, I was consulted by a gentleman living a few miles in the country in relation to his wife, who, he stated, could retain nothing on her stomach. After making the inquiry, as to her general health, etc., usual in such cases, I decided that pregnancy existed, and was the cause of all the trouble. I prescribed for the lady, and instructed her husband to let me hear from her in a day or two; if not relieved. He came back and reported her no better. I then prescribed alterative doses of saccharated calomel; also Creosote Emulsion, with Sub. Nit. Bismuth. In a few days he returned and reported no improvement, and stated that she was decidedly worse, and that he wanted me to see her immediately. I saw her in the afternoon of the sixth day, from the time of my

first prescription. She was truly in a precarious condition; she could not retain anything in the stomach, not even ice; she was emaciated, and her countenance denoted great anxiety and distress. I then ordered Oxalate of Cerium, gr. ii. every two hours. I was not prepared to carry out the suggestions of Drs. Jones and Sims at that visit, as I had no speculum with me, I visited her again on the next day. I found her in, truly, a deplorable, and, to all appearances, alarming condition. She looked haggard and worn out—in fact, was completely prostrated; the husband and friends seemed apprehensive that she would certainly die. I resolved then to try the application of the Nitrate of Silver to the Os Uteri. After the necessary preparations I introduced the speculum and found the Cervix very large and soft; the os uteri not ulcerated, but inflamed; opened sufficiently to receive the index finger with ease. I applied the solid nitrate of silver to the os uteri, passing the pencil or stick of caustic, some three-fourths of an inch through the os into the cervix; I, of course, used care in making the application, so as to produce the whitened appearance usual on the application of caustic. All other treatment was stopped. I did not see or hear from the lady for one week. When I called to see her at the end of one week I was agreeably surprised to find her up and attending to her domestic affairs. She informed me that the sick stomach and vomiting ceased in one day after the application of the caustic, and that her appetite improved from the time the sickness ceased. I made another application of the caustic to the os as at the first application producing similar results of a whitened appearance. I have not visited the lady since; but have heard from her repeatedly. There has been no return of the sick stomach; her health is excellent. She is now in her seventh month of pregnancy. At the time of the cauterization she was about three and a half months advanced in pregnancy. I would here remark that this is her second pregnancy. She is a lady of

fine general health; never sick much in her life; was married twelve years before the birth of the first child—a fine healthy boy. This case is so analagous to one or two included in the number of cases reported by Drs. Jones and Sims, and the treatment so effectual and satisfactory to myself and patient—putting an end to such agonizing suffering as she was enduring—that I am induced to present it for publication. I hope that my professional brethren will avail themselves of the first opportunity to try this remedy, and report the results to the Profession as I am firmly persuaded that in it we have found a reliable remedy for this hitherto intractable and distressing affection.

TREATMENT OF UTERINE FIBROIDS WITH GALVANISM BY PROFOUND PUNCTURE

Is the title of a most valuable article in the July number, 1878, of the *American Journal of Medical Sciences* by Drs. Gilman Kimball and Emphraim Cutter. The paper is the one which was substantially, if not verbally, offered at the recent session of the American Medical Association. The treatment by the plan indicated in the article was begun in 1871. Of the 50 cases treated since that time, in seven cases, the growth was not arrested; four died; in thirty-two cases the growth was arrested; three cases were relieved and four cases cured.

The battery used by these gentlemen consists of eight plates each of carbon and zinc, 9 by 6 inches. The first four pairs are arranged zinc and carbon; the remaining four carbon and zinc. They are pierced with three circular holes, arranged triangularly—two at the top, and one in the centre, below. Cylinders of hard rubber run through and secure the plates in position by means of nuts. The conductors are made of copper, and are properly insulated; at their extremities are the electrodes. The solution used in the battery is made by the following formula:—R. Potassium bichromate, saturated solution, Oj; sulphuric acid,

§vij. Quantity of current is what is required, and it must be profoundly applied, and galvanic action must be confined to the tumor alone.

The zinc electrode comes away readily after the operation, but the carbon electrode sticks in the tissues. This is cited as an evidence of the passage of the galvanic current through the electrodes.

The duration of the application of the electrodes has varied from three to fif-

teen minutes. In each individual case the applications have varied in number from one to nineteen, at intervals of from seven to fourteen days.

The electrodes may be introduced directly through the abdominal, or the vaginal, or the rectal walls, into the fibroid.

Of the fifty cases, only three seem to have been negroes.—“Virginia Medical Monthly.”

ABSTRACTS AND GLEANINGS.

PROCEEDINGS IN FRENCH SOCIETIES.

ACADEMY OF MEDICINE, PARIS.—*Session July 25, 1878.*—M. E. Lancereaux presented a paper which had been read before the International Geographical Congress, 1875, entitled:

Geographical Distribution of Pulmonary Phthisis.—The disease is found in all climates and among all people, but it is not equally destructive everywhere. Relatively rare in polar regions, the disease prevails more especially in temperate climates, and remarkably so in dense populations, and particularly in great industrial centers. It is of common occurrence in the tropics too where its course is very rapid. But these general notices only give a vague idea of cosmical influences in the production of phthisis. In order to arrive at an exact conclusion on the ethiological conditions of the disease, he had been obliged to analyse, in a wide sense, climate in its chief elements, temperature, moisture, dryness, altitude, etc., and to take into account the habits, way of living, muscular activity of different communities and tribes, and he had arrived at the following conclusions: cold has no influence in the genesis of tuberculosis; the inhabitants of elevated regions, 800 to 1,000 yards above the level of the sea, are as exempt as those living in polar latitudes. On the contrary those inhab-

iting low, damp and warm districts are very subject to phthisis. Crowded quarters, poor ventilation, with food unsuited to the climate, excess in alcoholic beverages, and lack of muscular exercise are circumstances which most favor the development of tubercle. Savages tribes do not suffer from this disease which decimates the civilized races; hence this conclusion, *that tubercular phthisis is a disease of civilization*, and it is the duty of the State to procure its destruction. To attain this, Doctor Lancereaux demands laws regulating the construction of houses, increased breadth of streets and abundant air space, not only for soldiers in barracks, but for workmen in factories, families in tenement houses, children in schools, students in colleges and all those in the humblest positions.—*Lancet and Clinic.*

PORRO'S OPERATION; ANOTHER SUCCESSFUL CASE.

M. Wasseige reported to the *Academie royale de Belgique* a completely successful operation of Porro, prefacing the report with a history of the operation and a comment of comparison between it and the Cæsarean section. The author claimed that only two cases had resulted fatally after this operation, while it is probable that all the patients would have died after Cæsarean section. We give below a

very brief account of the case and the operation :

Josephine Moyse, rachitic, hight 1. 2. m., sacro-pubic diameter 0.04 m., marked diminution of all the diameters of the pelvis ; was examined during the seventh month of pregnancy and directed to present herself at the hospital at the intimations of labor. She entered during the service of M. Wasseigo, April 14th, 1878, at 6½ o'clock P. M., having been in labor already three hours.

The operation was performed at nine o'clock p. m., in the presence M. Vaust, director of the Maternite, M M. Plucker, Closon and Dexhamps, assistants, and Drs. Lebeau and Bidlot with the entire *cortege* of the antiseptic method of Lister. The rectum and bladder were emptied by injection and catheterization, and the patient was put thoroughly under chloroform before the operation was commenced.

M. Wasseigo now made an incision descending from the umbilicus to 0.04 m. above the symphysis pubis. The uterus having been uncovered, the incision was completed over the index finger with a blunt pointed bistoury. The uterus was then opened* and the foetus rapidly extracted. The child, a female, was full of life. The operator now raised the uterus with its adnexa out of the pelvic cavity by traction upon the incised edges. The placenta fell forwards and was removed. The uterine incision was now seen to run along the lower half of the anterior face of the organ, a situation accounted for by the position of the uterus elevated in the abdominal cavity on account of the contraction of the pelvis. The ecraseur was now adjusted about opposite to the internal os in order to have the whole uterine wound above the chain when the entire organ was cut off with a long bistoury, without the escape of even a drop of blood. The ecraseur was then used as a clamp and the bistoury was

passed across, dividing everything 0.02 m. above the chain.

The uterine stump formed a veritable rose at the lower angle of the uterine section. A long, strong needle was passed through it to prevent its retraction within the abdominal cavity. The chain of the ecraseur being now removed, a drainage tube was inserted into the cul-de-sac of Douglas ; the toilet of the peritonium was completed and the abdominal wound was closed at four points with metallic suture *enchevillee* and a whole series of superficial sutures of silver wire.

The patient was then bathed with a carbolized solution and the uterine stump was cauterized with a solution of chloride of zinc eight times. The ligature chain about the stump, the needle and the stump itself were enveloped in the Lister dressing and two caoutchouc sacs filled with ice were placed upon the abdomen. The time occupied during the operation and the dressing was one hour.

The child weighed 2,580 grammes, and was 48½ centimeters in length. The uterus and its adnexa weighed 765 grammes.

The mother recovered perfectly and left the hospital with a healthy child, May 24, forty days after the operation.

Details of the case and operation will be published in the next number of the Bulletin of the Academy—*Gazette Hebdomadaire*, June 7th, 1878.—*Clinic*.

TINC. IODINE IN FEVERS.

Dr. Laughlin (in *Lancet and Clinic*) says, "I have extended its use to the treatment of remittent and the so-called typho-malarial fevers in connection with other appropriate remedies, with good effect. Its property of relieving nausea and vomiting makes it very valuable in cases of remittent attended with these conditions. I feel confident that it aids materially in cutting short remittent fever.

In chronic ague it would seem to fulfill a double indication by reducing the enlarged spleen, and at the same time arresting the pyrexia. Latterly I have

*Porro's operation, as since improved, opens the uterus only after its ablation from the pelvic cavity, an improvement whose advantage is obvious enough.—*Trans.*

used and prefer Lugol's solution to the tincture, as it is in a condition to mix readily with water—with which it should always be largely diluted—and is somewhat less liable to decomposition by long standing; giving it in doses of ten to twelve drops three times a day in ague, and five to eight drops every six hours in fever without regard to pyrexia; while watching its effects upon the Schneiderian and pharyngeal mucous membrane. Dr. Munro gave the tincture in from fifteen to twenty-five drop doses three times a day. In cases of chronic malarial cachexia where a combination of iron, quinine, arsenic and strychnine are indicated, I have found the combination with iodine or its simultaneous administration of great importance in the reduction of the enlarged spleen.

THE AMBULATORY TREATMENT OF PSORIASIS VULGARIS.

The author says that, as is known, the treatment of psoriasis is a difficult and thankless task. By the greatest patience and perseverance only temporary abatement is attained, and not rarely a new and more intractable eruption follows; of the agents hitherto employed, some are not without danger from long use, as arsenic; some are too troublesome, as baths, inunctions, etc.; some too painful, as friction with brushes, Vleminek's solution, etc.; and finally, the greater part are without effect. It is therefore no wonder that even the most eminent authorities include this among the incurable skin diseases.

The above facts, the author thinks, justify him in publishing a method of treatment without danger, cleanly and cheap. With the prospect of a cure, intelligent patients can not only be treated without confinement, but pursue the treatment without the oversight of the physician.

Crystallized carbolic acid drij is dissolved in ozj of collodion, and brushed over the affected portions of skin. When the eruption is limited it may all be brushed over at once, but where it is ex-

tensively diffused, a gradual application is preferable, say one day an arm, and after two or three days the other arm, or foot, etc. This precaution should be observed to prevent carbolic acid poisoning since it readily passes from the skin into the blood. The application is not repeated as long as the collodion remains fixed to the skin. It is superfluous to put on fats. The physician should apply the solution, for often a patient makes a misuse of medicaments.

In a few minutes after the painting pain arises, but it is endurable, and does not continue more than ten or fifteen minutes. In a few days the patient and physician will be surprised to find that the eruption has lost its original character. Instead of the nasty, red, fissured, bleeding appearance there are seen smooth shining flat collodion flecks which are not disturbed by washing, baths, or friction of the clothes.

G. has also found that psoriasis spots not brushed, sometimes disappear, as it seems, from absorption of the carbolic acid. His observation has noted no outbreak of the eruption in new places as occurs with other methods of cure.

The application must continue as long as the seat of the eruption is red and infiltrated. The treatment on the whole may require 2, 3 or more months, but when the convenience and ease are considered this will not appear long.

Concerning relapses they need excite no apprehension, since they again give way under the same treatment.—*Lancet & Clinic.*

RECENT PROGRESS IN PATHOLOGICAL ANATOMY.

BY R. H. FITZ, M. D.

[From the Boston Medical and Surgical Journal.]

PATHOLOGICAL ANATOMY.

REGENERATION OF NERVES.—Gluck has recently conducted a series of experiments with reference to the healing of

nerves after they have been cut. The sciatic nerve of fowls and the pneumogastric of rabbits were exposed and cut through, the results of the operation depending upon the subsequent relation of the cut ends to each other.

Immediately after the section was made, the nerve fibres projected beyond the retracted sheath, and the myeline escaped. The cut ends were united during the next few days by a grayish white translucent tissue. If a considerable portion (one centimetre or more) of the nerve was removed, the intervening gray tissue became converted into a dense fibrous callous, no regeneration of the nerves occurred, permanent paralysis resulted, and the animals died during the subsequent five months. When, however, the cut ends were closely united, without the removal of a portion of the nerve, the results were quite different, being the more favorable the less the displacement. In certain cases, where the nerve was simply perforated, longitudinal rows of fusiform cells, surrounded by abundant homogeneous intercellular substance, were found within seventy-two hours after the operation. These bridged over the interval between the cut ends, sometimes extending from a central to a peripheral fibre. After eight days the ends were united by non-medullated nerve fibres, which slowly and gradually became thicker.

When the nerve was wholly cut across, and the ends united by sutures, the healing process took place in a similar manner, more time being required. Within eighty hours after the operation the wound was closed by a gray granulation tissue, in which, within a fortnight, spindle cells arose, apparently from the nuclei of the neurilemma, and served to unite the cut axial fibres, a differentiation into axis-cylinder and myeline apparently took place later within these cells.

The author considers that the newly-formed fibres arise from these large granular spindle cells, which are to be regarded as of new formation rather than as outgrowths from pre-existing fibres.

They resemble ganglion cells rather than those of connective tissue.

The results of the histological examination were confirmed by physiological experiment, the time of the return of the function to the nerve trunks corresponding with the appearances observed under the microscope.—*Bost Med. and Sur. Jour.*

AIDS TO LABOR.

Dr. Spalding in *Detroit Academy of Medicine* in opposing abuse of the forceps remarks:

What other means can be employed to diminish the time of labor, and thereby its suffering? As prominent in efficacy among such means, I would enumerate: 1st. Firm and persistent pressure, made upon the uterine neck *with every pain*. 2d. The application of belladonna to the uterine neck. 3d. The early rupture of the membranes. 4th. The proper use of uterine motor stimulants. 5th. A proper regard for the position of the patient

I am in the habit of regarding a labor as fairly commenced when with uterine pains the uterine neck is dilated to the size of a quarter dollar.

My experience has made me positive, that from this time forward, by the employment of the measures above indicated, the duration of the first stage of labor can be diminished *at least one half*. I would therefore stimulate uterine action by making decided pressure with the finger upon the uterine neck upward under the public arcade, with every pain, which has the effect not only to increase most decidedly the force of the pains, but not unfrequently in cases where there is marked inactivity of the uterus, pains can be excited at will by this procedure. Belladonna also is of undoubted utility in assisting relaxation, and thereby facilitating dilatation of the uterine neck. If belladonna ointment be used to lubricate the finger we secure thereby its continuous effect. If now as soon as the os has become dilated to the size of a half

dollar, the amniotic liquid be evacuated by rupture of the membranes, the uterus will after a few moments of rest, contract with increased force, its previous distention preventing its complete action, just as a bladder is semi-paralyzed by over distention.

Should there exist a degree of uterine inertia calling for farther stimulation, we may now administer a uterine motor stimulant, perhaps a cup of very strong coffee, which has this effect; even a drink of ice-water will have the effect. Alcoholic stimulation will almost always do it; but undoubtedly the most reliable agents, yet ascertained, are quinine and the old stand-by, secale cornutum or ergot of rye, which I am free to admit, I am in the habit of using. I am aware that there is a strong antipathy in the minds of many against the use of ergot; they claiming that there is danger of lacerating the perineum, and causing still-births as the result of too violent pains produced.

I simply reply that it is no argument against the proper use of morphine, for instance, that while you were endeavoring to overcome an attack of colic it would be possible to give enough to kill your patient. You are supposed to give it in *proper* and *safe* doses, and so with ergot. Squibb's fluid extract of ergot I have found generally reliable, if fresh. If two thirds of a teaspoonful is given it will act in from one-half to three-fourths of an hour; if not it may be safely repeated. My rule is then, give enough to produce the desired effect and then stop.

I mentioned also position of the patient as a point to be looked after, for it will sometimes happen with a patient lying for instance in a twisted position, half upon the back and half upon the side, that rotation of the head in the pelvic concavity will be prevented and the action of the uterus for a long time rendered unavailing, a condition of things which a change of position will rectify at once.

It will be seen that by the employment of the above means we have ren-

dered valuable assistance to our patient *from the very commencement of her labor*, and it is not until now, when the os uteri is fully dilated, that it is possible to render any assistance whatever with the forceps. But the previous and continuous stimulation of the uterus which we have excited will be continued, and unless there be a serious disproportion between the head of the child and the pelvis of the mother the remainder of her labor will be very brief. So that unless adjustment of a malposition is required, or a disproportion exists, or the occurrence of some complication, as convulsions, exhaustion, or hemorrhage, rendering a few minutes valuable, the use of the forceps is unnecessary.

In verification of what I have claimed I may be permitted to state that in the last 100 consecutive cases of confinement, which I have conducted, I have not used the forceps once, although encountering the same variety of cases as are ordinarily considered as justifying the use of the forceps.

Furthermore, the *average time* in which I have been engaged is less than *two* hours, the longest being four hours.

Mr. President—While my own experience has proven to my satisfaction the truth of the principles herein stated, I have laid no particular claim to originality. I have simply attempted to drag up from their dormant slumber a few practical truths, already well known but unused to the extent which they deserve.

Let us not, when dealing with life, death and suffering, allow our fondness for operating to prevent us from giving our patients the benefit of *all* that is known to be practical for the relief of their suffering.

Conservative surgery is the order of the day; we no longer estimate a surgeon's skill by the number of limbs which he has sacrificed, but rather by the number saved. If this is an indication of progress in surgery, how long must we wait for obstetricians to fall into line and cease to pride themselves upon

their increasing ratio of forceps deliveries?—*Detroit Lancet.*

ETHER AND CHLOFORM IN PUERPERAL CONVULSIONS.

To the Editor of The Medical Record.
SIR:—Supplementary to what I have said in your issue of Sept. 14th on the anæsthetic treatment of puerperal convulsions, I wish to put on record the following testimonials:

Dr. John Crowell, Haverhill Mass., in a letter to me, dated September 13, 1878, says:

"Judging from my own experience, many more patients are saved by anæsthesia than by the old methods adopted in my early practice."

Dr. G. W. Garland, Lawrence, Mass., writes that he considers "the anæsthetic treatment as invaluable, and cannot be dispensed with." He has, however, never treated a case without other remedies.

From Dr. Enoch Cross, the oldest physician in Newburyport, now nearing his eighth decade:

"I have had experience in all kinds of treatment of that dire disease. In my earlier years I used to witness disastrous results, but since I have trusted to ether, have had uniform success."

Dr. F. A. Howe, Newburyport: "Full and continuous anæsthesia alone can be relied on in urgent cases." Dr. Howe, who has had many cases, trusts mainly to ether, or if he could not obtain ether, would use chloroform. He also uses, as adjuncts, chloral hydrate and the bromides.

Dr. J. A. Douglass, of Amesbury, claims good results from veratum in large doses.

From Dr. Gilman Kimball, of Lowell, letter bearing date Sept. 13th:

"I have seen but one case treated with ether, and that seemed to show its good effect."

Dr. H. J. Cushing, of Merrimac, reports five cases. Two of them were fatal. In one no ether was used, and in the other it does not seem to have been

administered preservergly. In the three cases that recovered ether was freely used.

Dr. S. J. Potter, Hamilton, Ohio. Dr. P. is an eclectic of repute in the West. (From a letter dated 14th inst.):

I employ chloroform and ether, of each equal parts, by inhalation, in the treatment of puerperal convulsions, and venesection, too, if the patient be plethoric. Chloroform is as safe as ether, and more prompt. I use these remedies in all cases in the above-mentioned proportions."

Dr. W. H. Kimball, of Andover, Mass. Dr. K. is President of our Essex North Medical Society. (Letter dated the 17th inst.):

"Have chiefly relied on inhalation of ether in treatment of puerperal convulsions for many years. I have more faith in this course than in any other."—*Medical Record.*

BRYONIA AND DRASERA IN THE TREATMENT OF WHOOPING-COUGH.

Dr. Louvet-Lamare. (*L'Annee Medicale*, June, 1878, p. 105.)

The author gives in the first or catarrhal stage of the disease a daily dose of 1 gram of the tincture of bryonia to a child of seven years. The medicine does not abridge this stage, but it very sensibly diminishes the tracheo-bronchitis, which is then the only morbid manifestation; moreover, being bitter, it stimulates the appetite, and does not occasion nausea.

When the characteristic cough occurs, he gives the tincture of drasera in daily doses of 1 gram for a child of seven years, and the frequency and violence of the coughing fits at once diminish. The value of this treatment has been proved in a large number of cases, and also in the fits of coughing, in certain cases of bronchitis, and even in phthisis, though not so marked as in pertussis. But little success has been obtained from it in

coughs caused by laryngitis and laryngotracheitis.

The dose may be increased by 5 drops or more every second day without danger, as it is not poisonous. The cough diminishes still more, but usually lasts for two or three weeks before convalescence. If, on the contrary it be given to a child who has had the cough for three weeks or so, one may expect to *cure the worst cases in a few days*. From a large number of cases thus treated, the author concludes that the disease may be shortened to at least one half the time required by change of air, which is often impossible.—*Chicago Med. Journal*.

TAPPING A VOMICA IN PHTHISIS.

Williams.—(*Br. Med. Jour.*, July 20, 1878.)

A patient aged twenty-eight, had had consumptive disease for six years. A large cavity with pleuritic adhesions had formed at the base of the left lung, besides others in other parts. The cough was harrassing, the expectoration very profuse (nearly a litre every 24 hours,) and very offensive. Microscopical examination showed that lung degeneration was rapidly advancing. At the writer's request, Mr. Erichsen introduced a large-sized trocar and cannula between the seventh and eighth ribs, and withdrew a litre of foetid pus; the operation being somewhat difficult on account of the toughness of the fibrotic lung. Relief was immediate, all feator ceased, both pulse and temperature fell, and the expectoration was reduced to 60-100 C. C. Limited pneumothorax and cutaneous emphysema followed, the latter soon subsiding. Even at the expiration of a month, the discharge was slight. The cavity had several times been washed out with antiseptic fluids.

The operation had previously been done in this country by Dr. Pepper, in England by Dr. Ramadge, in Germany by Dr. Mosler, and by others. The practice is only suited to exceptional

cases, such as those of foetid expectoration. It has been recommended to accomplish the same purpose by catheterisation of the air-passages, by large thoracentesis, by aspiration, by caustic and by galvano-caustic, the latter preferred by Koch of Berlin

A VEHICLE FOR QUININE.

Milk is recommended as a good solvent of quinine and is said to disguise its bitterness. One grain will dissolve in an ounce of milk, and render it scarcely bitter, while two grains do not make it markedly bitter. Further, five grains dissolved in two ounces of milk do not render it very unpleasant, while, put in a tumbler of milk, the bitterness all but disappears. Mr. Palmer, of the Birmingham General Dispensary, uses a solution of quinine in glycerine—one grain to one drachm. A dose of this can be given in a wineglassful of milk. Milk would seem to be a good vehicle in which to give quinine to children, but with regard to solubility it appears strange that so few doctors make use of the neutral sulphate of quinine, which is soluble in water without the addition of acid, and which, therefore offers every facility for administering quinine in a liquid form.—*Lancet & Clinic*.

TREATMENT OF MAMMARY ABSCESS.

Dr. S. W. Gould, of Argosy, Ind., gives, in the *Med. and Sur. Reporter*, his treatment for threatened mammary abscess, under which, for a decade, he has not been obliged to lance a single breast. It consists in the application of chloroform and glycerine, equal parts. As the substances are of unequal weight, the phial containing them should be thoroughly shaken, the mixture quickly applied, and the part covered with oiled silk, or something equally impermeable, to prevent too rapid evaporation. So confident is he of the efficacy of this remedy that, after a ten years' trial of it,

he is led to consider a gathered breast an evidence of professional neglect.--*Detroit Lancet.*

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tain this, Doctor Lancereaux demands laws regulating the construction of houses, increased breadth of streets and abundant air space, not only for soldiers in barracks, but for workmen in factories, families in tenement houses, children in schools, students in colleges and all those in the humblest positions.—*Lancet and Clinic.*

CÆSAREAN SECTION AFTER DEATH.

In the Obstetrical Society of Cincinnati, Dr. Cleveland reported a case of Cæsarean section performed, at least, one hour after death of the mother from convulsions, in which the child was saved.

He remarks that "the hypothesis that the woman was in a swoon, thus prolonging the life of the child, will not hold good in this case, for I know the mother was dead. It appears to me, when viability is limited to fifteen minutes or half an hour after maternal death, the well-known capacity of the fetus in resisting asphyxia is not taken fully into account, which, of course, will be increased by the residual oxygen that is in the placenta at the time of death."

OXALATE OF CERIU AND CAFFEIN AS PREVENTATIVES OF THE NAUSEATING EFFECTS OF OPIUM.

BY SAMUEL C. BUSEY, M. D.

To Professor Da Costa is due the credit of having first suggested the combination of bromide of potassium with morphia to obviate the disagreeable after-effects which so frequently distress patients to whom morphia has been administered. It frequently happens that the potassium salt can not, in consequence of its bulk and unpleasant taste, be employed. Especially is it objectionable when the practitioner prefers to use opium either in the form of pill or powder; nor is its therapeutic effect always desirable.

To meet these objections I have, for

some time past, combined the oxalate of cerium with opium, and have in very many instances found it equally efficacious in obviating the nausea and mitigating the distressing after-effects. Sir James Simpson introduced the oxiate into use as a very valuable agent in relieving the nausea and vomiting of pregnancy. Since then, its employment has been very widely extended, and it has become quite common to combine it with drugs to secure their tolerance to the stomach.

For along time I have been accustomed to prescribe a strong decoction of coffee, without milk or sugar, in drachm doses administered every fifteen minutes, to relieve the nausea and headache following the employment of opium. Since the introduction of the effervescing citrate of caffeine, I have found it a very agreeable and efficient substitute for the less palatable beverage. These agents are, however, only applicable after the occurrence of the stomachic disturbances. The citrate of caffeine, though less efficient than the oxalate of cerium, may be combined with opium. It is inadmissible in those cases where opium produces wakefulness instead of drowsiness. I have sometimes fancied that it lessened the soporific, without affecting the analgesic, properties of opium.

It may be that these applications of the drugs are quite common; but if they have been previously published, it has escaped my observation.—*American Practitioner*.

VINEGAR IN POST PARTUM HEMORRHAGE.

At the American Gynecological Society Dr. Penrose read a paper on the above subject in which he states:

The remedy for the arrest of post-partum hemorrhage was *common vinegar*. Since 1854 he had used it with invariable success. The advantages claimed for it were:

1. That it could be readily obtained;

2. That it could be easily applied, and without special apparatus;

3. That it always cured the hemorrhage, or rather, it had not failed in his practice;

4. That it was sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious;

5. That it was an admirable antiseptic;

6. That it acted on the lining membrane of the uterus as an astringent.

Dr. Penrose used this remedy in the following manner: saturate a rag with vinegar, carry it into the cavity of the uterus, and squeeze it. In the vast majority of cases the hemorrhage ceased as by magic when the vinegar passed over the surface of the uterus and the vagina. He believed that the salts of iron should seldom or never be used, but in a case, which was supposable, in which the vinegar failed he would resort to that remedy.

DR. JOHN T. ATLEE, of Lancaster, believed the hand and arm were the most ready and efficient remedy at our command for the arrest of post-partum hemorrhage.

DR. A. H. SMITH thought that post-partum hemorrhage was due to one of two causes, either distention or laceration. If the uterus was emptied it would contract, and the hemorrhage would cease. The main point in the treatment, therefore, was not to introduce anything into the cavity of the uterus which would prevent complete contraction. The means which he had employed with greatest success had been injection of hot water; the water should be injected at the same time the clots were turned out, and at a temperature of 110° F.

Dr. CAMABELL, of Augusta, Georgia thought the idea of irritating the placental surface was valuable and worthy of consideration. He spoke highly of the use of injections of tr. of iodine. He disapproved of the use of the persalts of iron.

Dr. ENGLEMAN, of St. Louis, approved of the use of the iron-salts, and

had come to rely upon them in extreme cases.

DR. TRASK, of Astoria, L. I., stated that an analysis of the cases in which iron had been used showed that the benefit which followed was due, not to its styptic, but to its irritant action.

Injections of the tr. of iodine had been his favorite method of treatment.

DR. BOZEMAN, of New York, believed that if compression was made over the fundus of the uterus at the same time the hand passed into its cavity to remove the clots, the hemorrhage would almost invariably be arrested.

DR. J. R. CHADWICK, of Boston, thought that a very good remedy in these cases was ether used hypodermically. He had employed it in three cases with the effect of producing prompt tonic contraction.

DR. BAKER, of New York, mentioned the hemorrhagic diathesis as one of the predisposing causes, and related a case in illustration. Because of the existence of this diathesis the woman nearly lost her life, notwithstanding the most vigorous prophylactic treatment. With reference to treatment of this form of hemorrhage he would, if possible, avoid introducing the hand into the cavity of the uterus, because of the liability to do injury by such procedure.

DR. WILSON thought injury to the uterus was not likely to follow introduction of the hand when all the parts were relaxed. He had never used the persalts of iron and did not approve of their use. His hand was the therapeutical agent upon which he relied most, and he had never met with any injuries from its use that confirmed Dr. Baker's fears.

ARSENIC AND ITS PREPARATIONS IN THE TREATMENT OF SKIN DISEASES.—Molinari, in an article on this subject (*Gaz. Med. Ital.-Lomb.*, March 1877; *Four. des Sci. Med.*, 1878, p. 100), concludes as follows: 1. Arsenical preparations should be administered at first in small doses, which are to be increased gradually, their effect being carefully watched. At the first sign of disturbance,

as loss of appetite, pain in stomach, dryness of the mouth, swelling of the eyes or nose, or difficulty in urination, the medicine should be suspended, but renewed again when these disappear. 2. A saline purgative, as sulphate of sodium, should be taken before the beginning of the treatment, and at its close. 3. Arsenic should not be given after, but before, meals: it is better tolerated under these circumstances, and is more quickly absorbed. Acids should not be taken by the patient, and alcoholic drinks only rarely. The treatment should last from one month to six weeks. 4. External means, as ointments, etc., should be added to the arsenical treatment. 5. In eczematous affections, where the kidneys are involved, some diuretic, as the acetate of potassium, may be added to the arsenic, but not substituted for it.

Chronic chills.—Dr. Hervey (in *Lancet & Clinic*) suggests the following as a successful treatment to prevent or break up the chill habit in chronic cases:

R. Equal parts of tincture iodine, tincture ferri chloridi., and tinct. sanguinaræ; of this I give from fifteen to thirty drops after each meal.

With this one grain of quinine is given before each meal for the time specified above, ten days after the chills have been broken or other paroxysms arrested. Then I continue the iodine for ten, fifteen, or thirty days longer, until all enlargement of the spleen is removed. I have been treating intermittent fever after this plan, for fully thirty years.

Dr. Kessler (in *Brief*) says:

Living in a malarial district, I am compelled to use all the different remedies at my command; but for simple intermittent fevers, I have never yet failed to get satisfactory results from the following, for a child 5 to 8 years old:

R. Sul. cinchonidia	80 grains.
Tinc. ferri. chl	80 drops.
Aqua distil	1 ounce.
Tinc. nux. vom	10 drops.
Podophyllin	2 grains.
Syr. simp. q. s. fiat	4 ounces.

M. S. Teaspoonful four times a day; increase dose for older persons.

Practical Notes and Formulae.

FELONS.

A writer in *Physio Medical Journal* says: for felons in the palm of the hand. I prepare a compound as follows :

R Lobelia Sem.....dr ij.
Cypripedium.
Gingerss drj.
Capsicum.....dr ss.
Ulmus F.....dr iv.

Powdered and mixed.

First bathe the hand in good strong lye, as hot as can be borne, for five or ten minutes; then apply a hot poultice made of the above compound and mixed to a proper consistence with the lye, wetting the poultice every hour with a few drops of the strong tincture of lobelia seed. Change the poultice morning, noon and night, and each time before applying the new poultice bathe well the affected parts as at first in hot lye. One heap ing teaspoonful of the above compound is sufficient for each poultice and the use of the tincture of lobelia for twenty-four or thirty-six hours will also be sufficient. After the first few hours there is comparatively but little pain, the difficulty rapidly terminates leaving no stiffened or crippled hands or fingers. This is my experience gathered from the treatment of many cases. After the sack loosens and is extracted, then heal with some good healer.

Smartweed.—The smartweed, "Polygonum Punctatum," *P. hydropiperoides*, is a common weed, well known as a domestic remedy; but its true place in the rapautics is but little known or valued. In dysentery, watery and mucous diarrhoea, few agents have proven of more value. The dry plant yields about eighteen per cent. tannin. What its other proximal principles are I do not know. I prepare a saturated tincture. As

an anti-pyretic in typhomalarial and our bilious remittent fevers, it has few equals. With it the temperature may, in a few hours, be brought down from 102°, or even 104°, to 98°, and at the same time it is valuable as an anti-periodic. It is an active stimulant, and combined with some of the salts of the cinchona, one-half the ordinary dose of the latter will have a better effect than a full dose uncombined.

When taking polygonum, the patient feels it to be a stimulant, and will say, "that medicine warms me all over, I feel it to the tips of my fingers." In dysentery, when there is tormina and tenesmus, I give from m. xx to dr. i in mucilaginous drinks every hour or two, as occasion demands; and when the discharges are so frequent as to prostrate and cause loss of sleep, an enema of polygon., gr i in an ounce of cold water, after each dejection, will calm and still the bowels in a short time. In hæmorrhage of the bowels, no drug within my knowledge given by the mouth and an enema will so soon check it. I think it has no, or but little, influence in reducing the rates of the pulse. I use it in all forms of bowel complaints, particularly in the diarrhoea of typhoid fevers. It acts as a diaphoretic and mild diuretic.

For the watery diarrhoea for children I use—

R Tinct. Polygon.....dr i.
Tr. rhoeo comp
Tinct. sinziber.....ss dr. iv.
Tr. camphor.....dr ij.
Syr. anisedr. vi.
Sodæ bicarb.....dr. i.

Sig:—From half to a teaspoonful, according to good judgment. This formula having no opium in it is a safe domestic remedy.

GLYCERITE OF THE HYPOPHOSITE OF ZINC.

Dr. Polk in The Druggists Circular says: About eighteen months ago I wished to use hypophosphite of zinc in a very obstinate case of chorea, and failing to obtain it from any of the manufacturing chemists I improvised the following formula:

R Sol. hypophosphorous acid (50 per cent. terhydrated).....oz. iv.
Zinc carbonatis..... q. s.
Aqua..... q. s.
Glycerine (C. P.).....q. s. ad fl. oz. xvj.

Rub the zinc to a paste with water, add to the hypophosphorous acid nearly to saturation, filter and add the glycerine to the required amount.

Of this glycerite I administered ten drops thrice daily in water to a girl thirteen years of age, curing the case of chorea which had defied all other treatment. The rapid improvement in the general health (which yet remains excellent) in this case induced me to use it in one of hysteria with satisfactory results. I am confident it will be found superior to all other zinc preparations in nervous diseases.

ANTIDOTE TO CARBOLIC ACID.

The *Pharmaceutische Zeitung* fur Russland says that on the recommendation of Professor Bauman, Dr. Sanfleben has used sulphuric acid in several cases of poisoning by carbolic acid with the best success, the phenol combining with the acid to form phenyl-sulphuric acid, which is not poisonous. He administered it in a mixture composed of dilute sulphuric acid 10.0, mucilage of gum 200.0, and a simple syrup 30.0 grams, in doses of a tablespoonful every hour.

IODINE IN INTERMITTENTS.

Dr. Schell, in *Cin. Lancet*, claims good success with this remedy, used as follows:

R. Tinct. Iodii.....gtt. 60.
Iodide Potassa.....grs. x.
Syr. Simplex.....ozj. M.
Sig. One teaspoonful half hour after each meal.

After a careful study of the pathology of intermittent fever and the action of iodine in the system, it seems to me that it is a remedy that a great amount of good may be expected from in malarial diseases.

Common Salt as a Remedy for Intermittent Fever.—Dr. Brokes recommends for periodic fevers a very simple method of treatment, the efficacy of which he has often demonstrated in his travels in America and Hungary. He takes a good handful of table salt and roasts it in a clean, and, if possible, new, pan over a gentle fire, until it assumes a brown color, like that of roasted coffee. When the patient is a vigorous adult, a good tablespoonful of this salt should be dissolved in a glass of warm water, and the whole swallowed at a dose. When the fever recurs at intervals of two, three or four days, the remedy should be taken fasting on the morning after the day of the paroxysm. When the thirst excited by the salt becomes insupportable, a little water may be allowed to the patient, but it should be sucked through a straw. For forty-eight hours after the remedy has been taken no food should be allowed, except some beef or chicken soup; it is particularly necessary to observe a strict diet and to avoid chilling of the body during this period. Dr. Brokes asserts that he has employed this method of treatment for eighteen years, and invariably with success.—*Gazette des Hopitaux.*

PERFUMED CARBOLIC ACID.

Carbolic acid..... 1 part.
Oil lemon..... 8 parts
Alcohol at 86°.....100 parts

The oil of lemon completely masks the disagreeable order of the acid, without at all interfering with its properties. The above was long a secret preparation,

known as Lebon's Perfumed Carbolic Acid

Antidote to Arsenic.—It has been noted by Rouyer that freshly precipitated sesquihydrate of iron, although an antidote for arsenious acid (arsenic of the shops), fails entirely to counteract the action of arseniate of soda or arsenite of potassa (Fowler's solution), but that a mixture of a solution of the sesquichloride of iron and the oxide of magnesium will counteract the effect of these salts, as well as the arsenious acid itself, and hence this mixture is always to be preferred to the hydrate in cases of poisoning by arsenic. The official solution of the sesquichloride of iron should first be administered, and afterwards the magnesia. In one hour after the administration of the antidote, a cathartic should be given. In all cases acid drinks (such as lemonade) are to be avoided, since the compounds they form are soluble.—*New Remedies.*

Chlorodyne (G. H. F. Toledo, Ohio.)

—The formula which is supposed to approach nearest to the original preparation of Dr. J. Collis Brown is that given by Squire in his companion to the Brit. Pharm. (11th ed., p. 96) This is as follows :

Chloroform.....	fl. oz. 4.
Ether.....	fl. oz. 1.
Alcohol.....	fl. oz. 4.
Molasses.....	fl. oz. 4.
Extract of licorice.....	fl. oz. 2½.
Morphia hydrochlorate.....	gr. 8.
Oil peppermint.....	m. 16.
Hydrocyanic acid (2 per cent).....	fl. oz. 2.
Syrup.....	fl. oz. 17½.

Dissolve the morphia salt and the oil of peppermint in the alcohol; mix the chloroform and either with this solution; dissolve the extract of licorice in the syrup and add the molasses; shake these two solutions together and add the hydrocyanic acid.

We would recommend to use only purified extract of licorice, of soft consistency and entirely soluble, to make this preparation, as the amount of deposit will thereby be considerably reduced.

There have been a great many formulæ of this preparation published. We have about eighteen different ones on file; but as we ourselves prefer that given above, we do not wish to induce others to make use of different ones.

Postage-Stamp Mucilage (Hawkins Tex.)

The composition of this is said to be :

Dextrin.....	2 parts.
Acetic acid.....	1 part.
Water.....	5 parts.

Dissolve in a water-bath and add

Alcohol.....	1 part ;—
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but we are informed that another mixture is used at present. We will endeavor to learn its composition.—*New Remedies.*

TO REMOVE FOREIGN BODIES FROM THE NOSE.

Dr. John Winslow, of Ithaca, New York, sends us the following directions to be pursued in this emergency: "Close the empty nostril by pressure with your finger, and blow suddenly and forcibly into the child's mouth. The bean or button commonly flies out at the first effort; if not, a repetition is pretty sure to expel it."—*New Remedies.*

PULVIS PAREGORICUS.

(O. H. N. Y.)—This powder has once been used as a solid substitute for tincture opii camphorata, and was originally proposed by Vogler. Its composition was: Starch, 80 grs.; mastic, 40 grs.; powdered opium 2 grs. The dose ranged from 5 to 30 grains.

TONIC IN ANÆMIA.

R	Tinct. ferri chloridi.....	f. dr. iij.
	Potassii chloratis.....	dr. i.
	Solut. strychniæ sulph. (gr. i. ad f. oz. i.).....	f. dr. ij.
	Syrupi simplicis.....	f. dr. iv.
	Aquæ puræ q. s. ad.....	f. dr. iv.

M. Sig. Two teaspoonfuls, three times, daily, as a tonic in anæmia.—*Dr. D. S. Brainard.*

SCIENTIFIC ITEMS.

PHOTOGRAPHING WITH LIGHTNING.

[FROM THE SOUTHERN MEDICAL RECORD.]

Mr. A. J. Jarmin communicates to the *Photographic News* an account of experiments made to take negatives during a thunder storm. He sensitized a plate in the usual way and placed it at the back of a negative. Four flashes of lightning were counted, and, upon developing, the image came out as clear and quick as if taken by ordinary daylight. One flash with a weak negative gave a fair transparency. He next tried with the camera. After getting everything nicely in focus, through his studio window, which was done by the aid of lightning, he obtained a photograph with twenty flashes, the view being down a street. The experiment proves that the chemical process of lightning is equal to the electric light produced artificially and nearly equal to daylight. Photographs of the electric spark itself have been taken by aid of a Ruhmkorff coil. We are the fortunate possessor of several stereoscopic photographs of such Ruhmkorff spark flashes, which are very instructive to look at and study details, because while the spark itself lasts only a very small fraction of a second, the stereoscopic photograph of the same, being of course permanent, admits of careful and prolonged inspection.

THE MOON.

A large crater or cavity not heretofore observed, has been discovered in the moon, giving evidence of violent activity, on its surface. Interesting photographic views have also been taken, which when compared with a photographic view of the face of Mount Vissuvius bears a resemblance so striking as to leave no doubt of a like volcanic condition, either

extinct or active, upon the face of our satellite.

An Electric Awakener.—Mr. F. Pappard is the inventor of a curious contrivance for awakening a sleeper at any required hour. The apparatus is to be fixed on an ordinary clock; it is so arranged that when the hour-hand of the clock touches a button an electric circuit is completed; the minute-hand passes over the button without effect. There are a series of holes for the different hours, into any one of which the button can be pushed, according to the time selected for awakening. The completion of the electric circuit may ring a bell, or sound any other of the ordinary methods of alarm. But this contrivance has a yet more effective method for arousing a deaf man or any sleeper who is willing beforehand to prepare himself for a shock. A bracelet is provided which can be put on the wrist at the same time of retiring; to this flexible wires are attached, and the electric discharge will pass through it at the appointed hour.—*Journal of Chemistry.*

THE POLYMICROSCOPE.

A recent number of *Nature* states that "a new improvement in the microscope is reported from Germany. Herr I. von Lenhossek has constructed an apparatus which permits no less than sixty microscopical preparations being observed in immediate succession, without the trouble of changing the slides and readjustment of the object-glass. Its construction is similar in principle to that of the well-known revolving stereoscopes, and the inventor has given the new apparatus the name of "polymicroscope."—*Pacific Med. and Sur. Jour.*

Editorial and Miscellaneous.

✂ All communications relating to the business of THE RECORD for the years 1877 and 1878, must be addressed DR. R. C. WORD, Managing Editor Southern Medical Record, Atlanta, Ga.

✂ Brief and practical communications are solicited on all subjects pertaining to medicine; also reports of cases in practice.

✂ Send money by check, postal order or registered letter.

✂ Write your name, post-office, county and State plainly.

CINCHONIA ALKALOID.

Is it true that Cinchonia can be relied upon as a substitute for the sulphate of Quinia? The increasing scarcity and high price of the latter article gives importance to this inquiry, especially at the present time. We have before had occasion to refer to this subject, and gave the result of experiments with this article, highly favorable to its efficacy as a tonic and antiperiodic.

In our March number, page 90, a medical gentleman to whom we handed a sample, sent us by Messrs Powers & Wightman, tested the remedy with satisfactory results in two cases of malarial fever, and also relieved with it a case of obstinate menorrhagia, which it cured by its tonic property, and its power of stimulating the capillaries and equalizing the circulation. The preparation used was that lately introduced by Messrs Powers & Wightman, of cinchonia combined with sugar of milk and the bicarb of soda. It was found that thus combined the cinchonia is not only antiperiodic but anodyne in its effects upon the nervous system.

The same Practitioner informs me that he has subsequently used the cinchonia uncombined in intermittent fevers with uniform success.

We have been using the cinchonia of late in lieu of the sulphate of quinia and find it equally efficient as a tonic and antiperiodic. It is almost tasteless and may be readily administered to children. We have not observed any unpleasant effect upon the ears or tendency to nausea. Dr. T. S. Powell—senior editor of this journal—has used the cinchonia with good success in intermittents, and has found it to be useful in solution with an excess of the aromatic sulphuric acid in menorrhagia, particularly in anæmic and relaxed habits. A favorite formula with him in menorrhagia is the following:

R. Cinchonia.....grs. xxv
Simple Elixir.....oziv
Aromatic Sulphuric acid.....driij
F ext. ergot.....driij

Dose, one teaspoonful three to four times a day. In the absence of the simple elixir water

may be used and a little sugar or syrup added.

A medical gentleman of Dekalb county, Ga., informs us that he has used the cinchonia for several years in doses a little larger than those of the sulphate of quinine and has found it equally efficient in the treatment of fevers. We have similar information from another practitioner who has sent us a communication on the subject which we expect to publish in our next.

The drug is certainly much more pleasant to the taste than the sulphate of quinine and being much cheaper it would seem that it ought to come into general use.

MARTYRED PHYSICIANS.

Those physicians who have nobly remained at their post to battle with the yellow fever scourge, and those who have volunteered from a distance to visit the yellow fever districts, may well be styled martyrs to science and to humanity. We have gathered from our exchanges the following list of names who have fallen victims to the disease. Honor to their memory and peace to their souls! W.

PORT GIBSON; Dr. W. D. Spratt.

GRAND JUNCTION; Dr. J. H. Prewitt.

AUSTIN, Texas; Dr. Manning.

MEMPHIS; Dr. F. Sarnier, Dr. Hopson, Dr. E. L. Watson, Dr. L. R. Laske, Dr. W. R. Hodges, Dr. S. M. Dickinson, Dr. R. B. Williams, Dr. Mead, volunteer from Ky., Dr. J. B. Woodward, Dr. McGregor, Dr. T. L. Bond, vol., Dr. Meneses, vol., Dr. J. Runner, of Ind., Dr. John Erskine, Dr. J. E. Penn, Dr. J. B. Hicks, Dr. J. S. Bankson, Dr. E. A. Cheeves, Dr. Paul Otey, Dr. E. T. Easley, vol., Dr. J. M. S. White, vol., Dr. W. K. Lowry, Dr. E. P. White, Dr. J. F. Sample, Dr. Force, volunteer, Dr. B. W. Avant.

VICKSBURG.—Dr. Glass, Dr. Booth, Dr. P. F. Whitehead, Dr. Potts, Dr. Biehfeldt, Dr. Fisher, Dr. Hoppoldt.

NEW ORLEANS.—Dr. B. A. Bobo, Dr. J. G. Byrne, Dr. Herndon.

CANTON, Miss.—Dr. N. McGee, Dr. M. J. McKee, Dr. A. F. Cage.

HOLLY SPRINGS.—Dr. F. M. Tennell.

CHATTANOOGA.—Dr. E. N. Baird, Dr. B. N. Barr.

True Bravery.—A few weeks ago the Medico-Chirurgical Society of Atlanta, appointed a committee of three of its members to visit the city of Chattanooga for the purpose of examining the fever prevailing at that point, and to report to the society their views of its true character. The committee appointed consisted of Drs. J. J. Knott, A. R. Alley, and Dr. H. B. Lea.

They accordingly visited the city, and conferred with the medical gentlemen of the place, who kindly and courteously exhibited their cases to the committee.

Their observations resulted in the decision that the disease was genuine yellow fever, which they reported upon their return, and subsequently tendered their services, if needed, to the afflicted city.

In a few days the fever cases having increased the call for help was made, and was promptly responded to by Drs. Knott, Lea and Olmstead, who went to the afflicted city, established a hospital, called the *Atlanta Hospital*, and supported by the sympathizing citizens of Atlanta, and which is doing successful and noble work in behalf of many yellow fever sufferers.

These brethren of the profession and members of the Medico-chirurgical Society have voluntarily engaged in this noble and philanthropic work, and they should have an appreciative commendation, so also all those resident practitioners who have bravely stood at their post and battled with the scourge. As mind is infinitely superior to matter, so is moral heroism to mere physical courage. The demonstrations of the one can elicit shouts of applause from the rabble, but the other is a sublimated essence of the soul approaching the divine, and which angelic spectators look down upon with glad approval. These brethren like many others during this fearful trial of our sorely scourged Southern cities, have with true bravery stepped out from the almost impregnable fortress of a healthful locality to face the deadly missiles of the epidemic that are falling thick and fast upon the flower-scented breezes of these potions of our southern land. Instead of a shower of bullets from an enemy's rank drawn up in position on the battle field, they are in the midst of a rain of death more fearful from its being invisible in its descent upon its victims; who per force, are powerless to elude its noiseless and insidious approaches.

We trust that a kind Providence will bless the noble and heroic action of these Brethren who have gone from our city and other cities; that they will be shielded from the fatal darts of

the plague, and under God be eminently successful in restoring many of the afflicted sufferers to health and to their friends.

If upon the fall of the last victim of this epidemic an angelic messenger should visit the earth and, hovering over our stricken cities, call the roll of the heroes who had bravely fought this fearful scourge since its first appearance many names that men "would not willingly let die though their owners were still in life might respond to the summons."

But the grand self immolated host lying in the dreamless sleep that has no waking, who could answer to their names? Who but the heavenly recorder of men's good deeds and earth's martyred legions. Their names can never be trumpeted to earth by fame, but they are written upon the celestial arches, and when the roll-call of the Eternal City resounds within its jeweled walls no voice will then respond "unknown."

P.

ELEMENTARY QUANTITATIVE ANALYSIS, by Alexander Grassie, Professor in the Royal Polytechnic School Aix-la-Chapelle. Translated with additions, by Edgar F. Smith A. M., Ph. D. Assistant in Analytical Chemistry, etc., in University of Pennsylvania, with thirty-six illustrations. Henry C. Lea 1878.

The above work is used as a text-book in the leading laboratories, and polytechnic schools in Germany, and presents to the student of Chemistry, a compact and highly useful manual of quantitative analysis.

BERBERIS AQUIFOLIUM.

A sample of the above remedy, kindly sent us by Messrs Park, Davis & Co. *Manufacturing chemist* at Detroit, has been tested, in an old and obstinate case of scrofula in a little girl, with very satisfactory results. The properties of this drug we mentioned in advertisement on first inside cover of our Journal.

THE ANTAGONISM OF THERAPEUTIC AGENTS, AND WHAT IT TEACHES. The essay to which was awarded the Fothergillian Gold Medal of the Medical Society of London for 1878, by J. William Fothergill M. D. Edinburg. Member Royal College of Physicians of London etc. *Henry C. Lea, Phil.* A neat little work of 157. pages containing many practical hints for the practitioner.

THE PHYSICIANS VISITING LIST FOR 1878. Twenty-eighth year of its publication, Philadelphia. Lindsay & Blakiston—Sizes from 25 to 100 patients, and prices varying from \$1.00 to \$3.00. A work of great usefulness and convenience to the practitioner.

YELLOW FEVER.

The paper on the above topic, in the present issue of the *RECORD*, by Dr. Greene, of Macon, Ga., presents new and interesting points. It transcends the length usually allowed for our journal, but we give it a place by reason of the great interest in the subject of yellow fever at the present time, and in the hope that the views of the writer may be realized as to the virtues of the Alum and Iron Mass in this awful disease. The fatality of the affection is certainly dreadful, and we think that any and everything promising any good in its treatment should be made known to the profession, and a test be made of its virtues. For like reasons we give place to Dr. Greenley's article.

ALOE & HERNSTEIN. This splendid establishment, Importers and Manufacturers of surgical instruments; trusses, supports, braces etc. etc., renew their advertisement in the *Record* as may be seen on coloured pages. Their improved Physicians Saddle Bags have met with great favor to our knowledge. We cordially recommend this firm to the patronage of our readers.

LIBERAL OFFERS.

New subscribers for the year 1879 may commence with the forthcoming November or December numbers.

Any one sending us two new subscribers and \$4 for 1879 will be furnished a copy of Leonard's Physician's Day Book; or Lindsay & Blakeston's Visiting List for 1879.

PHARMACEUTICAL ASSOCIATION.

The meeting of American Pharmaceutical Association has been postponed to the 26th of November. It will convene in Atlanta Georgia.

A very full attendance is anticipated. Ample arrangements, we learn, will be made for the reception of the members.

APOLOGETIC.

A portion of our September issue was improperly put together in the binding—a fact not discovered until quite a number had been mailed, and it is feared a few of the faulty ones among them. If so, those who received them can easily remedy the matter by clipping the stitches, and properly arranging the pages; or if they will send them back to us we will make the correction.

We regret these mistakes, but they will occur occasionally in all kinds of business; and we trust our friends will make due allowance. If they knew the difficulties encountered in Southern Publishing Houses we are sure they

would not only excuse but sympathize with us.

Notwithstanding the obstacles to Journalism in the South we have the satisfaction to state that our Journal is improving; extending its circulation and becoming more and more the favorite of the busy practitioner.

Some delay in the issue of the present number has been caused by the unusual press of work in our Publishing House, by reason of the Fair and Rex carnival.

MILK DIET IN THE PUERPERAL STATE.

Dr. S. G. Hardman writes—

HARMONY GROVE, GA., Oct. 4th, 1878.

Editor Southern Med. Record:

As I find some yet in darkness on the subject of sweet milk in the puerperal state, I would be glad to have you notice this in your most excellent Journal. Whether milk is or is not a proper diet for a woman in the puerperal state.

We do not believe that there is any special reason for the rejection of milk from the list of dietetic articles allowed the puerperal woman. It is usual and best in early child-bed, say for the first six or eight days, to rely upon toast, broths, tea and such articles of food as are light and unirritating, by reason of the feverish tendency usual to this condition. Milk is a rich article of diet, and has been found frequently to disagree with adult stomachs, tending to constipation and flatulence, for which reason we have been accustomed to exclude it, and not because we believe there exists any special physiological contra-indication to its use in the puerperal state.—[Ed. Rec.]

SURG. GEN'L'S FEVER CIRCULAR.—Surgeon-General Woodworth has issued a circular to physicians and others residing at points visited by yellow fever, announcing the organization of the Commission to gather and record facts relative to the commencement and spread of the epidemic, and asking the cordial co-operation of all who have facts to communicate upon that subject. A preliminary report of the facts gathered up to the 19th proximo will be presented to the American Public Health Association, which will convene in Richmond on that date to discuss the report.

RECEIPTED.—Drs. J. B. Smith 6 months, J. T. Sego, E. A. Anderson, H. S. Sutherland, R. H. Coleman, W. S. Sims, J. W. Heacock, J. W. Price, John Coston, H. M. Talley, J. N. Siddons, L. B. Creath, S. M. Wood, J. H. Calfee, H. T. Shiell, T. T. Key.

NOTICE.

Parties in arrears will please remit their subscriptions.

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THOMAS S. POWELL, M. D. W. T. GOLDSMITH, M. D. R. C. WORD, M. D.

R. C. WORD, M. D., Managing Editor.

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☞ All Communications and Letters on Business connected with THE RECORD, for 1877 and 1878, must be addressed to the Managing Editor.

ORIGINAL AND SELECTED.

A CASE OF POST-PARTUM HEM- ORRHAGE WITH UNUSUAL COMPLICATIONS—RE- COVERY.

BY. S. H. ANDERSON, M. D., OF MO.

Called on Mrs. D. July, 1878; second confinement; first labor having been normal in every respect; was told that Mrs. D. had, that morning, done a heavy washing for the family; arrived at full term of pregnancy; found her lying on her bed very restless, and unable to remain in one position but for a few minutes at a time. On making digital examination, found head presenting, but something very unusual in *shape and feel*, and after a thorough and careful examination of presenting part, I was satisfied that a large portion of the skull was wanting, as I could put my fingers down into a cup-like cavity, lined, as it were with the scalp. Having stated

to the friends of the patient that something very different from the usual forms of labor might be expected, and having administered a full dose of morphia, I placed myself at the bedside of my patient, watching the progress of the labor with much interest. The membranes ruptured; the labor in second stage, and little progress being made, I sought for the cause of delay, which I found to be this: The rim of the cup-like cavity had caught on the *osssa pubis* and thus could make no further progress. The remedy was obvious, and fortunately, of easy accomplishment, which was merely to lift the cranium, and during a pain, prevent it catching, thus aiding the head to pass on and become engaged in the pelvic strait. Thus, after freeing the cranium from the *osssa pubis*, it readily passed, being collapsed to nearly half the size of a normal head. Not so, however, the body of the foetus, the abdomen being enormous—

ly distended with gas, the result of decomposition. At first I thought of puncturing the abdomen in order to give exit to this gas; but, on reflection, I resorted to *traction*, thus accomplishing delivery without any great amount of force. Placenta found loose in vagina and removed without anything very remarkable save that it and fetus were both putrid. On examining child I found nearly all of the bones, constituting upper portion of the cranium wanting—scalp entire. The child had evidently been dead for some time—a week or more, perhaps, as the cutis readily separated. The child was small, and lower extremities deformed—*talipes-varus*.

Having remained with my patient a few hours, I mounted my horse and started for home, a distance of five miles or more. But I had not proceeded more than a few hundred yards from the house, when I was called back by the screams of the family. Starting my horse on a gallop, I soon reached the house. On entering, the first thing that attracted my attention was a loud gurgling sound resembling the noise made by pouring water or other liquid out of a keg or jug when quite full. The next thing attracting my attention, was quite a rivulet of blood running from the bed to the end of the house, ten or twelve feet away. Fortunately for my patient and myself, a bucket of coal water was at hand. Seizing a table-cloth folded up and lying on the table, I immersed it in the water and applied it to my patient's abdomen without any wringing. Next, I called to the affrighted parents, who had incontinently fled from the house to assist me in raising foot of bedstead under which I placed blocks of wood in order to elevate pelvis. And next, I sought for my ergot, when, lo! I had none with me. Doing the next best thing, I gave my patient a large dose of sugar lead and opium. By these means I succeeded in checking the most fearful *post-partum* hemorrhage it was ever my lot to witness. Also I had grasped the abdomen and womb in my hands and

kneading them, somewhat like a woman, working dough, which materially, I think, assisted contraction. As before remarked, I succeeded in checking hemorrhage with remedies as indicated, but did not get perfect control of the flooding until I had sent for and received a supply of ergot from home. At several times during the night, I thought that my patient would die. She was totally blind for several hours and pulseless, cold and pale as the dead! For twelve hours I stood on my feet and fought death for a young and noble life, and had for my reward the intense gratification of seeing slowly, gradually, the hues of life returning to her corpse-like face, and light to her glazed eye.

No one but the true physician can know and feel the emotions of joy and self-gratulation afforded by the knowledge that himself, under God has been the means of snatching lovely woman in her hour of peril from the grasp of the fell destroyer.

In conclusion some may doubt my veracity as to the gurgling sound made by the blood pouring from the wound, but I solemnly experienced its truth, and which I can verify by the parents of the patient, who are worthy christian folks.

PARTIAL PARALYSIS AND INCONTINENCE OF URINE, CAUSED BY CONGENITAL PHIMOSIS IN A BOY TEN YEARS OF AGE.

BY B. M. WALKER, M. D., OF VA.

In September 1877, W. M., brought his son to me for examination and treatment, stating that the boy had always wet the bed at night, and he never appeared as active as other boys, complaining of weakness of the back. I found the child weak—somewhat smaller than children of that age, with a wasted, rather senile expression. I learned from his parents that he had never had any symptoms of spasms, nor evinced signs of nervousness. Slept well, except at

times this affection would cause him some anxiety (as he would say, he "was not like other children,") and not unfrequently he would have to change his night dress. This seemed his principal trouble from the affection.

Upon examination I found quite a long prepuce, which upon closer inspection proved to be firmly adhered from within a few lines of the meatus. He manifested no discomfort in handling it, not even when I used forcible traction upon the fore-skin. He showed no reflex action from any manipulation, saying all the time that it gave him no uneasiness at all.

I told his parents that I was confident that the patient could be relieved by an operation. They promptly gave their consent. Circumcision was performed, and I found the prepuce so adherent from the beginning, that the method usually adopted by me, to use the handle of my scalpel and break up the adhesion, would not succeed in this case, consequently I was compelled to use the point of the blade and make a very careful dissection of the entire glans; upon arriving at the corona it was possibly more adherent, or the structure better organized; as there I found it was necessary to cut *smartly*. After this came the hardened ring of smegma, which was removed, the parts were thoroughly washed in tepid water, and an oil dressing applied. Considerable inflammation supervened next day, an ointment made of oxide of zinc, Bismuth and aq-ext. opii was applied freely, covered with oil silk and upon this, cloths wrung from ice water completed the dressing; nothing unusual in the process of healing occurred. There was not as much tendency as I have observed in other cases, to re-adhere, probably this due to the precaution to smear the ointment on thickly and use retraction at least once daily.

In the due course of time the patient recovered from the effects of the operation, which proved perfectly *successful* as promised. He has not *wet* his couch since the operation, nor is he disturbed

as might be imagined to void his bladder during the night, but controls his sphincter as well as any one. As an adjuvant to overcome any tendency that might arise subsequently, I prescribed Ergot Iron and Tinct. Canthar, to be given for a few weeks, hoping to give more tonicity the muscular structure.

I am aware this is no new treatment since the writing of Prof. Sayre, upon congenital-phimosis; still, in some respects it differs in not producing the common array of nervous phenomena so invariable in such cases. The patient rapidly gained in health, strength and activity, with a complete transformation of expression, which as intimated, was as much from *mental dijection* as anemia. His countenance is radiant with smiles, and his muscles are rapidly developing, and he is now a cheerful healthy boy. I cannot believe that any treatment, not comprising *surgical* attention, would have availed in this instance.

This may be the means of directing the younger members of the profession more particularly to a strict inspection of this organ in the cases that may occur in their practice. If so in one single instance, I shall be more than gratified for this short report.

AN OUNCE MINNIE BALL IMBEDED IN THE BRAIN FIFTEEN YEARS, SUCCESSFULLY REMOVED.

BY O. M. DOYLE, M. D. OF GA.

Mike Kemp, of Franklin county, Ga., a soldier in the Confederate army, received during the Tennessee campaign in 1863, a gunshot wound about the middle of the forehead, which his friends thought fatal as a portion of his brains popped out at the opening of the wound. However, he rallied, came home, and after a time, attained to comparative good health, which continued up to last spring; at which time, spasms to which he had been subject occasionally, became more frequent and more severe.

On the first of July, of the present year, I was summoned to assist his regular physician, Dr. J. A. Johns, at which time the patient was found feeble and irritable, tending to fever and having from one to two severe convulsions each day. Under these circumstances, it was determined to operate at once.

We attempted to anæsthetize him, but after a thorough effort with both ether and chloroform failed to produce more than analgesia; and could not keep him that far under the influence all the time required for the operation.

After making a free crucial incision over the site of injury and dissecting back the integuments to the bone, the original opening made by the ball through the bone was found to be filled with very tough cartilaginous growth—being apparently an effort of nature to *supplementary* callous. The entire removal of this growth exposed the base of the ball, just past the inner plane of the bone through which it had passed—the whole of the ball being imbedded in the substance of the brain. The opening through the bone was now enlarged by carefully trimming with sharp instruments until it was thought to be sufficient for the exit of the ball, which was seized by passing a slender but strong forcep, such as are used in the extraction of the roots of teeth, and after securing the base of the ball sufficient pressure was used to force the points of the instrument into the lead, thus diminishing the diameter so as to favor the exit of the instrument and ball. The removal was accomplished without further trouble. There was but little hemorrhage from the inside of the cranium. The entire cavity in the brain where the ball had been for fifteen years, was visible, and pulsation of the brain was easily seen at a distance of ten or fifteen feet. He made a rapid recovery under ordinary treatment for such condition. Is now quite well.

NOTE.—Should have stated that the ball had a large apicula of bone imbedded

in its apex with a sharp angle projecting.

EVISCERATION WITHOUT INSTRUMENTS.

BY J. T. SUGGS, M. D., OF TEXAS.

I was called to a case of difficult labor. Mrs. A's second confinement had been in labor 36 hours, just seen by Dr. D. Dr. D. had Dr. A. called, after the case had been on hand 12 hours. Dr. A. found a shoulder presentation—the child dead. After getting the patient well under the influence of chloroform, I took the patient in hand. After repeated examinations, during several hours, I was unable to find either head or feet.

The Caesarian operation was proposed and insisted upon. I objected, because I did not think it proper to imperil the life of the mother, knowing that the child was dead.

After searching in vain amongst the instruments at hand, for an instrument with which to perform evisceration of the child, I seized the protruding arm, twisted it off at the shoulder, then with finger, cautiously tore the integuments and muscles, eviscerating in that way.

In a few minutes the delivery was completed. The child was large and well formed, with one exception; there were no bones in the head or face; the head felt like a small tumor, for which I had mistaken it, in making the examinations. The trouble was now explained; the head could not be recognized, on account of the deformity, and the child became immovably impacted. There is a great deal said in obstetrical works, about the danger of injuring the mother, in eviscerating the child. This case had a good recovery. A small amount of ingenuity, with a determined will, sometimes supplies the place of instruments. See case of occluded *os uteri* in New Orleans Medical and Surgical Journal, March, 1860.

The case above described, is such as I have never seen or heard of before, and I

submit it as a case showing the practicability of evisceration without instruments.

SOCIETY REPORTS.

MEDICO-CHIRURGICAL SOCIETY.

REPORTED BY DR. R. C. WORD.

Monday evening, Nov. 4th., Dr. Crawford in the Chair.

Dr. Thos. S. Powell reported a case of yellow fever. The patient was a mulatto man, who came from Chattanooga on the 6th of October. On the 7th he felt somewhat unwell. On the 8th he met up with some friends, and indulged freely in intoxicating drink. I was called to see him on the 9th, and found him with considerable fever—pulse 110. He had some frontal headache; the tongue coated brown, with red margins; the eye presenting a yellowish tinge, and there was severe pain in the epigastric region, and in the abdomen.

His recent arrival from Chattanooga led me to suspect yellow fever, and I prescribed accordingly. A hot foot-bath was ordered; applications of mustard was made to the stomach and bowels, and frictions made upon the spine. At the first evidence of a decline of the fever, the sulphate of quinine was administered in full doses, until twenty-four grains were taken. On the evening of the 10th there was some fever with delirium. At 12 o'clock at night, quinine was again given, and repeated until twenty-four grains had been given by 8 o'clock on the morning of the 11th. At this time there was no fever, and the patient seemed in all respects better, though he complained of some abdominal pain, which was attributed to a purgative administered by his wife before I saw him. For this symptom morphine was prescribed. On the morning of the 12th he was still free from fever, and complained of nothing, save a feeling of prostration. He was directed to take some soup and boil-

ed milk as nourishment, and to keep comfortably covered in bed.

By reason of a call to the country, I did not see him again until 10 o'clock at night, and found that an unfavorable change had occurred. His mind was wandering, and there was hemorrhage from the bowels, with hicough and vomiting, of a glairy substance. He was evidently sinking. Efforts to stimulate and revive him proved unavailing, and he expired before morning.

Dr. P. remarked that this being a case of the same kind that prevailed at Chattanooga, and which was pronounced yellow fever by competent authority, constitutes the third case of the disease seen and treated by him. His experience, therefore, was limited.

The shades of difference presented by this disease in different epidemics, are many and perplexing. Even in the same locality, and sometimes in the same ward the different phases which it presents, lead the physician to believe that several different types of fever are prevailing, ranging from the mildest intermittent to the most malignant forms of bilious remittent and congestive fevers; and indeed there would appear to be a most intimate relation, if not actual identity, between the ordinary malarial fevers and yellow fever. Cases presenting all the symptoms of bilious remittent fever have been seen to merge into the yellow fever, and it is affirmed that yellow fever has been known to glide into the mildest quotidian intermittent, yielding readily to the sulphate of quinine.

The existence of these facts has led to much difficulty in classifying the disease in question, and in determining the precise character of its cause.

For the reasons mentioned, and the fact that the disease has always prevailed in tropical and miasmatic climes, and is arrested by frost—the destroyer of miasm. I incline to the view of those who place it under the head of remittent fever and hold to the miasmatic origin of yellow fever; the severe and unusual effects of the miasm being due to the modifying influ-

ences of heat, moisture and local emanations. The precise nature of the emanations remains yet to be discovered. Having these views of the disease, I treated the three cases I saw with quinine, and with success, except in the case just reported, and this case, I believe, would also have recovered, had it not been for the depressing influences of previous dissipation, and the fact that I was not able on account of absence to push the treatment with sufficient vigor on the last day.

Dr. R. C. Word—Do I understand you to hold that yellow fever is but an aggravated form of billious remittent fever? If so, how do you account for the contagiousness of the disease? I would like you to state your views also in regard to the altitude theory or to the impossibility of its existence beyond the height of a few hundred feet above the level of the sea.

Dr. Powell—I do hold that yellow fever should be classed in our nosology as a form of remittent fever, and I think that post mortem results bear me out in this view. Between yellow fever and remittent fever there is difference only in degree, due, as before stated, to the modifying influences of heat, moisture, and local emanations; the increased virulence of the poison being evinced in the more marked and decided manifestations of the same pathological conditions of engorged liver, enlarged spleen, and disintegrating effects of blood poison, producing prostration, black vomit and death. In regard to the altitude theory, I remark; that while it is true that high altitudes are far less favorable to those local emanations, which, in conjunction with malaria, are essential to the production of the disease, yet it has occurred in rare instances, that yellow fever has existed at very elevated points. On one occasion, in Spain, it is said to have reached an altitude of 2,000 feet above the sea level. In this country, however, I am not aware that it has ever extended above a height of six or seven hundred feet: Though some of the local conditions might exist at those high elevations

yet that all of them should occur, is not likely, and when they do, must be for brief periods, and must constitute an exception to a general rule. And we believe that cities thus favorably located, need never have the disease, if due attention be given to sanitary regulations. Indeed it is highly probable that even in New Orleans, and at like points, if rigid and unceasing attention was given to sanitary regulations the disease would never occur. This is indicated in the fact that the disease seldom repeats itself in the same place the year immediately succeeding its first appearance, even where the general conditions of atmosphere appear the same, due, we believe, to the special and rigid attention given to sanitary reform at such times.

Dr. A. R. Alley said he thought the yellow fever at Chattanooga was different from the disease as he had seen it on the coast. He regarded it as an imported disease, and seems in some way influenced by a salt atmosphere. Remittent fever prevailing at the same time, may assume some of its peculiarities. The disease appeared first in Barbadoes in 1647. Its first appearance in this country was at Boston, in 1693—at Charleston in 1699. It has visited Charleston more often than at any point in U. S.

Dr. R. C. Word.—I have nothing new to present upon the subject under discussion. While I admit that the views of Dr. Powell are very plausible in regard to the malarious origin of the disease, yet I incline to the view that there is a specific yellow fever germ, requiring for its development, growth and fructification, a continued high temperature; hence is indigenous to tropical or warm latitudes. That it is usually imported to this country in ships, is, I think, beyond question, and yet I doubt not, that at low, warm sea levels on our coast, it may, and has, occasionally originated. The germs having once developed, will propagate and spread in an atmosphere of favorable temperature and conditions. The germs or the atmosphere containing them may be carried in badly ventilated ships,

and in railroad cars, or may be absorbed by water, or may be carried in boxes or chests of clothing, and being turned loose among those who are predisposed by a previous warm and unwholesome atmosphere will develop the disease in their midst.

There are some facts in the history of the disease in this country which indicate that the germ or remote cause of the disease may be developed in close, ill-ventilated or confined quarters.

The hold of ships containing filth and bilge water, seems to be its favorite lurking place, and it may be authentically shown that in 1806 the disease originated in the penitentiary, in the suburbs of Richmond, Virginia, at a time when there was no epidemic existing in the adjacent towns, and when the city of Richmond itself was in a healthy condition.

In regard to the change of malarious fevers into yellow fever, and vice versa, it is probable that the different malarial influences prevailing in the same locality may impress their peculiarities on each other, or, blending together, may form mixed or mongrel types of disease.

What an eminent author has styled the "Epidemic Constitution of the Atmosphere" by which the ordinary diseases of the country are impressed with the prevailing epidemic influence, must have been observed by every practitioner of experience, and to my mind explains the facts upon the point mentioned.

THE USE OF THE HYDRATE OF CHORAL PER RECTUM.

Dr. Starcke, Okerstabsarzt, of Berlin, contributes to the *Berliner Klinische Wochenschrift*, No. 33, 1878, an article on the above subject, of which the following is a resume:

"Concerning the continued use (*den chronischen Gebrauch*) of the hydrate of chloral, the minds of the profession at the present time are so divided that I consider it of importance to discuss the subject, especially as the English have

lately appointed a commission to study the question of *chloralism* as compared with *morphinism*.

"The prejudice against the frequent use of the remedy in England is very great, produced, perhaps, by the evil consequences that are said to have followed its administration, especially in the cases of those who were the victims of chronic alcoholism.

"I cannot deny that I myself had formerly the greatest fear of the use of this hypnotic, produced, perhaps, by a single fatal result that I saw follow the use of a small dose of morphine in an illy-nourished patient, and which caused me to afterwards use sparingly all remedies of this class where the patient was extremely anæmic.

"A few years ago I was taken ill of chronic gastric catarrh, accompanied by an extremely acid condition of the contents of my stomach.

"I became more and more emaciated, lost weight rapidly, and had the general aspect of one suffering from cancer of the stomach.

"In my case, one of the greatest obstacles to a convalescence was a most persistent sleeplessness.

"Although in the evenings I felt the most extreme weariness, and fell asleep as soon as I retired, I would uniformly awake after from one-half to one hour's slumber with my mind full of the events of the day, roll and toss from side to side, perhaps getting a little additional restless sleep towards morning.

"I had now become not only weak in body, but low-spirited, and had entertained the worst forebodings as to the final result in my case.

"I concluded at this juncture to consult a colleague on the subject of the use of the hydrate of chloral.

"Having determined to give the remedy a trial, and wishing to avoid the introducing of anything into the stomach that would increase its irritability, I resolved to use it per enema.

"For this purpose I used an ordinary syringe with a somewhat long tube at-

tached, injecting 10 grams of a 5 per cent. solution at a temperature of 35°, and after a quarter of an hour I repeated the same quantity, so that in all I used 1 gram of the hydrate of chloral.

"A few moments after its introduction I experienced a feeling of bearing down and slight tenesmus, which was soon followed by a sensation of general comfort, an inward calmness of soul, a convincing evidence of that quiet that was to take the place of my former sleepless nights.

"I soon fell asleep, and had a dreamless repose of five hours, and in fact a comfortable night's rest.

"In this manner I used the hydrate of chloral every night for five months.

"The consequence was that from the day I began its use I began to convalesce.

"From the first my sleep was natural. I awoke with a good appetite, without headache, without stupor, and with a feeling of thankfulness toward an agent that had given me the only quiet sleep that I had had for years."

The doctor says that in spite of its continued use, the effect of the remedy remained the same, although he did not increase the dose, but in fact, as he grew better, he was able to get his night's rest by using only one half the quantity with which he first began.

By the use of other appropriate treatment for his gastric disease he rapidly grew better, so that during the five months that he took the chloral he gained 30 pounds in weight. He farther says: "I wish to especially emphasize the fact that I had nothing like morphinism produced by its use.

"I had no appetite or desire for the medicine. I lay down every night with the hope that, by the continued improvement in my general health, I would soon be able to sleep spontaneously.

"For the last month I have kept the chloral on my table, as one would carry an umbrella in fine weather, happy in not having to use it.

"Since I have discontinued its use, I

have had at no time what could be called a weaning period.

"The use of the hydrate of chloral per rectum has an especial application in diseases of the stomach, on account of its irritating effects upon that organ. I tried twice to take the drug by the mouth, suspended in the yolk of an egg.

"Each time a few moments after I had swallowed the dose, I vomited until I had expelled everything from my stomach, and had none of the soporific effects of the remedy produced.

"One of the principal advantages of using the drug by enema is that it does not undergo that decomposition which it always does when taken by the stomach, on account of its coming in contact with the contents of that organ."

The writer dwells upon the necessity of procuring a pure specimen of the drug in order to obtain its good effects, and recommends especially that manufactured by Liebreich, of Berlin.

"I found that all the disagreeable sensations about the rectum produced by the injection of the remedy were confined to the external margin of the anus, and that all that was necessary to avoid this is to use an instrument with a long tube attached, and exercise some caution to prevent the fluid coming in contact with the external sphincter.

"Care should be taken to have your remedy well dissolved, and it should be used at a temperature near that of the human body.

"The size of the dose necessary to produce a hypotonic effect is so small that it cannot be dangerous."

The doctor claims to have used this drug largely in his own practice, as above recommended, and with uniformly the most happy results. In consequence, also, as he asserts, of a growing fear of the use of morphine hypodermically, by the profession at large, in Germany, he thinks the use of the hydrate of chloral is destined to obtain a large field of usefulness.

"In a large number of old people who constantly trouble the physician on account of their sleeplessness, I have found

the use of this remedy in the manner above described to be of especial benefit, but I should limit the dose given to 1 gram.

"I believe that this dose of the drug used in this way, can have no worse effect than a simple glass of strong wine, which is so often prescribed for this class of patients.

"In conclusion, I would say that in my own case, as well as in the cases that have occurred in my private practice, I have seen no injurious consequences either to the nervous or digestive systems, follow as a result of the effect of the medicine, even when the same was continued for months."

In the minute directions that Dr. Starcke gives for the use per enema of of the hydrate of chloral, I think he has omitted one important point, and that is, that the rectum should be well cleared by an injection of warm water before the remedy is used, if we are going to be sure that we will have none of the obstacles to the complete action of the drug that he claims we are so likely to have when it is given by the mouth.—*W. S. Caldwell, in Chicago Medical Examiner.*

SYPHILIS IN THE NEGRO, AS DIFFERING FROM SYPHILIS IN THE WHITE RACE.

Dr. Wm. Powell, of Grenada, Miss., contributes the following paper to the *Transactions of the Mississippi State Medical Association*, 1878:

In preparing a report on the subject assigned to me at our last annual meeting, "Syphilis in the Negro, as differing from Syphilis in the White Race," I have been unable to find anything in reference to it in print, but have been assisted by information kindly furnished by several members of this Association, and will give the result in a condensed form.

The two races, white and black, seem to be equally susceptible to the influence of the syphilitic virus; the primary chan-

cre in its different stages, presenting very much the same appearance. Secondary symptoms are not as frequent in the negro as in the white, occasionally buboes form and in some cases cutaneous eruptions, erythema of the fauces, and mucous tubercles about the privates. Tertiary symptoms, such as so often affect the cutaneous, osseous and nervous system of the white, rarely, if ever, occur in the negro.

Inherited syphilis occurs very frequently in the negro, and is the cause of the greater part of the fatality from this disease. Abortion is often produced, the foetus becomes affected, dies and is expelled; in other cases, the child is born alive, at full term, with syphilitic eruptions, or they come on in a short time, say within six months; by far the greater number of these cases die; according to my observation, very few reach two years of age.

The disease is far more amenable to treatment in the negro, than in the white, the cases yield readily, and the cures are more permanent and satisfactory.

Dr. B. F. Kittrell, of Black Hawk, has furnished a case of a negro man and his wife, both of whom he treated about ten years ago, for primary syphilis. The cases both yielded very readily to treatment; the woman miscarried once or twice, afterward gave birth to syphilitic children at full term. The disease yielded readily to treatment in these children. Her last child did not present any evidence of disease, showing the parents had lost all taint.

Dr. R. S. Riuggold, of Grenada, has furnished a case of a negro man, to whom he was called several months since; on examination, he found a true syphilitic chancre on the body of the penis, and a large bubo in each inguinal region, both of which discharged pus freely on being lanced; he prescribed for the case constitutional remedies and local applications; in about four or five weeks, he met his patient on the street, who reported himself well; on inquiry, the Doctor learned the case had recovered under the use

of slippery elm poultices to the buboes, and red oak ooze to the chancre; no constitutional remedy had been taken.

From what I can see and learn, the disease is very much on the increase in the negro population since the day of freedom to the race. This would be readily inferred from the free communication that exists among them, and particularly when we take into consideration the habits of the race, the fact of promiscuous intercourse, want of cleanliness, and of all hygienic regulations.

Comparatively few of the cases are treated by competent physicians; many are treated by quacks of both races, with various nostrums, herbs, roots, etc., and, no doubt, many are not treated at all. We are forced to the conclusion that the system of the African has the power of resisting the influence of the syphilitic virus, of greatly modifying its effects, and of gradually eliminating it from the system; and this probably in proportion to the purity of the African blood—the mulatto suffering more than the negro. But for this provision of nature, the whole negro race would be swept from the face of the earth in a comparatively short time, by this disease alone.

Controversy has been going on for some time, relative to the duality of the syphilitic virus. It has occurred to me that this question is fully solved by the fact that the virus is modified, in passing through the system of the negro. Syphilis imparted from white to white, continues syphilis indefinitely, producing chancre, followed by its train of secondary and tertiary symptoms, imbuing the whole system of the white. Syphilis imparted from the white to the negro, being modified, becomes syphiloid, producing chancroid, rarely followed by secondary and tertiary symptoms, gradually wears out and disappears from the system; and if imparted from the negro to the white, continues to produce the modified form of disease.—*Va. Med. Monthly*, August, 1878.

DIPHTHERIA AND ITS TREATMENT.

BY H. A. EBERLE, M. D., C. M.

In this region of Iowa we have had to battle with the above dreaded disease for two years, and ever since its invasion there have been many large families of children entirely swept away with the disease. The profession have put forth more than ordinary exertions in trying to discover a mode of treatment that would match its deadly ravages, and, I believe, with partial success. In this communication, we do not intend to discuss the pathology of a disease on which so many scientific authors differ, and to which Oertel has done such masterly justice in giving so clear a description of its morbid condition; but if we could aid the profession in any manner in giving our experience and success with the plan of treatment adopted, we would be doing nothing but our duty.

On August 30th, 1878, we had the privilege of seeing a girl, thirteen years old, suffering severe symptoms of diphtheria. She was the sixth child in a family of eight that was smitten with the malady, five having previously taken the disease, and all died, under the care of Dr. Medbery, of this city. Dr. M., observing the case in the morning, and knowing it to be a severe one, remarked that he could "do nothing for her"; that "she would die, as the others had." The family, not feeling satisfied with this prognosis, sent in haste, and I was soon on the scene of action. Ascertaining that the bowels were locked up for several days, I ordered magnes. cit., one tablespoonful, at once. I then prescribed the following: *R. Sodæ sulphocarbolicæ, grs. xxx; sacch. lactis, grs. xxx; m. ft. divide into xx powders.* Sig.: one powder to be taken every hour. Also, the following as a gargle: *R. Pulv. potas chlor., 3 iij; acid. hydrochloric dil., 3 iij; tinc. capsici. 3j; aqua ad., q. s. 3 viij.* M. S.—Use as a gargle every half hour.

In connection with this treatment, I adopted a novel plan of anointing the patches of micrococci with a steam atomizer, throwing a solution of carbolic acid, alcohol and water, of sufficient strength, on the tonsils, throat and nasal passages, by inhaling. The plan pursued worked like a charm, for, on my next visit, I was delighted to see no increase in the disease, and the temperature had abated to 101° F., which was 103.5° the day before.

On September 1st, my patient was convalescing, the powders were lessened to intervals of three hours, the steaming also used every three hours.

Patient No 2, a girl, nineteen years of age, in the same family, sickened on the 5th of September. Her initial symptoms were very severe. Temp., 104°; Pulse, 120°. The same plan of treatment was adopted. The only difference was an increase in the amount of medicine which was three grains of the sulpho-carbolate of soda every hour; the gargle and atomizer used as in the preceding case. In three days my patient was convalescent.

Family No. 2.—in this family the worst features of the disease was manifest. There were nine children in the family, and eight, whose ages averaged between 18 months and 16 years, took the disease one after the other. The family, being German, the house small, and the comforts few, while the sanitary condition was anything but good, I anticipated a large mortality.

Patient 6, in this family, a chubby little boy of three years, took the disease, when at the same time he had a severe coryza. I remarked to the parents that this one could not surely get well, but, after four days of careful treatment, he began to amend; when the mother "stepped out" a moment, the little fellow bounded out on the floor, barefooted, and crept to the door. Before he could be put back to bed, he had "taken cold," and at my next visit I found fresh invasions of the disease. The nasal passages were attacked, and the pharynx

completely filled with the cryptogamic products. Ammon. mur., in grain doses, was added to the carbolate, and stimulants given freely; but nothing could stay the progress of the disease, death taking place the following day by suffocation.

Since the commencement of the above plan of treatment, I have treated thirteen cases, and one of which died. I attribute my success partly to non-interference, locally, with swabbings, or painting the pseudo-membrane, which, in the hands of the most expert physicians, especially where small children are the patients, is a dangerous procedure; and, when this part of the programme is left to nurses or parents, the tender and gorged mucous membrane is sure to be wounded, which causes at once a fresh surface for the bacteria to infest, and, moreover, small abscesses from beneath the mucosa and submucosa, the products of which are readily absorbed into the circulation, causing general blood poisoning.—*Michigan Medical News.*

PRURITUS VULVÆ TREATED WITH SUPHUROUS ACID.

BY EDWARD B. STEVENS, M. D. LEBANON, OHIO.

I was recently consulted by a lady complaining as follows: Severe pruritus of the labial surfaces, extending to the external genitals, with an erysipelatous rash covering these surfaces, and at the same time an abundant leucorrhœal discharge. She had applied a variety of lotions to the itching, burning parts without avail:—the leucorrhœa had been of some time standing; general health good; supposes herself approaching the menopause, age 46.

Upon examination found an erysipelatous rash covering the labia and flaming up over the pubic region towards the lower surface of the abdomen; it was angry looking and eczematous, with a watery exudation; on introducing the

speculum found the rash occupying the labial surfaces and extending up over the outlet of the vagina. The superior portion of the vagina, and cervix of the uterus were perfectly healthy in appearance, whereas I had expected to find abrasion of the os, or some condition of chronic inflammation as the reason for the leucorrhœa discharge. Instead, I found the red point of a small mucous polypus about the size of a large pea showing itself at the os. I had no difficulty in grasping the pedicle of this small polypus with slender forceps and snipping it off with scissors. I supposed this polypus was the irritant that produced the leucorrhœa—and as I expected, its removal almost entirely arrested the discharge.

For the pruitus and burning, I directed the parts to be freely bathed with sulphurous acid in full strength. The result was a prompt and entire relief. Subsequently there was a partial return for several times of the rash and pruritus, but always completely and promptly relieved as at first by the free application of the sulphurous acid.

My attention was called to the efficacy of sulphurous acid in kindred cutaneous troubles, by a paper read a year ago in the American Dermatological Association by Dr. L. D. Bulkley of New York. He regards the group of cases he describes in that paper, as not only eczematous, but as having a parasitic origin, which he found to be uniformly corrected by the application of this acid. Shortly before the present case came into my care, a lady applied to me with eczema

of the face and neck, that came under the care of one of my most intelligent medical friends, and resisted all reasonable treatment, constitutional and local for many months. Dr. Bulkley's cases being fresh in my mind, I laid aside all constitutional remedies, and directed the parts to be freely bathed with sulphurous acid, full strength, with the effect to afford perfect and, as Bulkley expresses it—"exquisite relief." The acid was re-applied from time to time as the itching recurred and the cure is now complete, the skin having lost its scaly condition and become as smooth as an infant's.

Some writers direct the application of sulphurous acid variously diluted—as with water, or glycerine. My experience, in a few cases only, agrees with that of Dr. Bulkley, that there is no necessity to dilute the acid even for very delicate surfaces, I therefore direct the acid to be kept closely stopped, in bulk—and the patient to have an ounce ground glass stopper vial, which is kept supplied from the larger bottle for use; due care being observed to avoid as far as possible atmospheric influence upon the acid. I advise the parts effected to be well saturated when ever the itching calls attention to the disease.

Pruritus vulvæ is frequently an obstinate affection, but I have hitherto found cases which were evidently eczematous, and my experience in the foregoing case, is given simply as affording an additional rational therapeutic remedy, especially when the pruritus is associated with this condition of parts.—*Ex.*

ABSTRACTS AND GLEANINGS.

STAMMERING.

A pamphlet, "*Du Bégaiement et de son Traitement Physiologique*," by Dr. Jules Godard, although ostensibly written to bring into notice the method of treatment employed by a certain Professor Chervin, contains matter of some interest

touching upon the medical history to this very common nervous trouble. It appears that Dupuytren was accustomed to recommend stammerers to adopt a method of speaking more like an operatic recitative than ordinary conversation. Itard, a French physician, devised a metal fork to be worn under the tongue. Rolier

adopted the theory, highly satisfactory to the stammerers themselves, that their trouble was due merely to the fact that their vivid imaginations went too fast for the machinery which was to give utterance to their ideas. According to McCormac, the chief cause of stammering was the attempt to phonate with empty lungs, and the cure consisted in causing a deep inspiration to precede the act of speaking. Serres considered that to the respiratory trouble there was added the choreic inco-ordination of the muscles of articulation. Colombat adopted an elaborate classification of stammerers. Thus he divided them into two chief classes,—(a) the labio-choreic and (b) the gutturo-tetanic. The labio-choreic admitted of four sub-classes,—viz., (1) deforming, grimaical, (3) aphonic (of women), (3) loquacious with spluttering, and (4) lingual with lisping. The gutturo-tetanic admitted six sub-classes,—thus: (1) dumb; (2) intermittent; (3) choreiform; (4) canine, in which the sound emitted resembles barking; (5) epileptiform, with excess of limb movement; and (6) idiotic. Hervey thought he saw the cause of stammering in the tongue being too short for the mouth, or the frænum too rigid. His treatment consisted in snipping the frænum or in wearing a metallic arc inside the lower dental arch, so that the tip of the tongue might be brought in contact therewith. Dieffenbach adopted the heroic measure of dividing certain of the muscles going to form the root of the tongue, and Velpeau, following in the same direction, had recourse to the division of certain muscles, and Amussat also advocated similar severe surgical measures.

The classification adopted by Godard and Chervin is as follows: 1, inspiratory stammering; 2, expiratory stammering; and 3, mixed stammering; and each of these three classes is divided into a grimaical and a non-grimaical sub-class. The method of treatment adopted by Chervin is such as common sense dictates, and such as has been in ordinary use in this country. It consists in a systematic

drilling of the muscles used in phonation and articulation, the pupil being made merely to imitate the movements of the master. The simple movements of respiration are first practiced rhythmically and systematically, and if the patient be a very bad stammerer, absolute silence is enjoined during the early days of his tuition. Then follow lessons on the simple vowel sounds, and then the rhythmical utterance of words and sentences is adopted. With many stammerers the success of this method of treatment is considerable, and we doubt not that a large proportion may be practically cured by a patient drilling of this kind. Instances are tolerably common of stammerers who have broken themselves of their unfortunate habit by systematic drilling, and in extreme cases it might be necessary to follow the graduated system advocated by M. Chervin.—*London Lancet*.

HYPODERMIC INJECTION OF ERGOT IN A CASE OF KELOID.

REPORTED BY DR. J. E. KEMPF.

The treatment of keloid tumors has so far been unsatisfactory. The following case is therefore of interest, as it illustrates the success of ergot in the treatment of keloid.

In the fall of 1876, Miss M., aged nineteen years, from Oil Creek, called upon my father, Dr. M. Kempf, to consult him about a growth on the right side of the face, over the lower jaw. It was a spontaneous growth of about two years' standing, resembling the cicatrix of a burn, perfectly smooth and solid, and accompanied by flashes of pain, lancinating in character. In the center of the growth the beat of a small artery could be felt. Dr. M. Kempf, not being certain whether the growth was malignant or not, advised an immediate removal, to which the patient consented. After the removal of the growth, nothing untoward occurring, the patient returned home.

In the spring of 1877, Miss M. called again upon my father, with a reappearance of the growth. It was now certain that the tumor was a keloid. Where the sutures had been inserted small keloids appeared. This, I believe, is characteristic.

Dr. Kempf could, of course, not expect any success from another removal; and so, after a consultation with Dr. Knapp, he advised the hypodermic injection of Squibb's ext. ergot, dissolved in alcohol. The patient's brother, being a physician, did the operation two or three times a week.

I heard nothing more of the case for at least a year, when, meeting the patient's brother again, he informed me that the keloid had entirely disappeared, after having been injected with ergot for several weeks.—*Low. Med. News.*

TREATMENT OF LEAD COLIC.

Dr. Kelly, in *New Preparations* says: In your last issue I see a note saying that a correspondent in Colorado wants some ideas on the treatment of "lead colic," or colica pictonum, as it is more scientifically termed. I have had quite a number of patients apply to me for relief from this very ugly disease, some of which were employees in the white lead works of this city. I have seen this disease in all its phases from the mildest type to the most violent, and the following treatment usually had the desired effect:

I first open the bowels in severe cases. I am as a rule compelled to resort to an injection composed of

Oleum ricini.

Molasses.

Saponis aa. ʒj.

Aqua Tepidæ Oj.

M.

This seldom fails, in fact it never has in my hands. I then relieve the terrible abdominal pain with opium and proceed to give pot. iod. in 25 grain doses 3 times per day. If the opium fails to afford relief I use chloroform by inhalation.

This treatment has never disappointed me, and I give it for what it is worth.

CASCARA SAGRADO IN CONSTIPATION.

BY J. G. SUTTON M. D., GENEVA, OHIO.

In reading of cascara sagrado, which is so highly recommended through your journal, I concluded to try it in that much dreaded disease, constipation. Accordingly, I ordered some of Parke, Davis & Co. I tried it in a number of cases, in which it worked well, and in one case, which was especially interesting to me, it did more than I had expected. I was called to visit Mrs. S., who had been sick for the last three years, the last two of which she has not had a natural evacuation of the bowels, always being compelled to use an enema, which often failed to produce the desired effect, sometimes she would pass three or four days without an evacuation, although using an injection every day. She had taken cathartics without any benefit from a half dozen physicians from all schools, had adopted hygienic measures and carried them out well, but to no effect. I gave her

R Cascara sagrado, ʒj.

Berberis aquifolium, ʒj.

Syr. simplex, ʒj.

and ordered her to take a teaspoonful four times a day until her bowels acted freely (as I had forgotten to state, her bowels had not moved for four days when I first began its use), then but three times a day; the desired effect was soon produced. The dose was diminished one teaspoonful per day, and before she had taken the second prescription she said she needed no more medicine, and now she appears natural in that respect.—*New Preparations.*

TRANSLATIONS.

CURE OF ONYCHIA MALIGNA.

Dr. Gaetano (*Jour. des Sci. Med.*, 1878, p. 463; from *Il Morgagni*) was called to

a little girl 10 years of age who had suffered horribly for six months with perianal and subangual ulceration of the right index finger. Having softened and raised up the nail as much as possible, he dropped a concentrated solution of morphia upon the sore, with which he kept it in contact a quarter of an hour. He then covered the diseased part with very finely powdered nitrate of lead, and enveloped the finger with a bandage. The pain was almost immediately relieved, and the patient slept soundly that night for the first time in a long period. The bandage was removed at the end of five days, and the ulcer was found about one-half healed. The application was repeated, and at the end of five days more complete cicatrization had taken place. In two other cases results as favorable were obtained by Dr. Gaetano, the applications being made more or less frequently as the case seemed to demand.—*Medical Times*.

SPINAL DISEASE TREATED BY SAYRE'S PLASTER JACKET.

Dr. Mac. Naughton, in *British Med. Record*, said: "We are all too prone to run after new forms of wonderful cures; and the crucial tests which time alone supplies are overlooked or ignored in our desire to applaud an invention, or see in it some advantage over other means which may have failed to satisfy our wishes, or which do not meet all the difficulties which a variety of cases is sure to present. He did not think it right to expect more than average results from any treatment. Cases must constantly occur which fail under any treatment; and it must have happened in the case of the plaster jacket, that it has been applied in instances where no permanent cure, nor indeed temporary benefit, could be effected, so advanced the disease, and so great the deformity. Parents have been so anxious and solicitous to try the benefit of the treatment, that he was sure many cases were put up where no material good or benefit with

justice, could be looked for. He had traced the results in the cases now on record, to the past month. The majority of them had been under treatment for a period of between nine and ten months. As yet it was impossible to state decidedly permanent results in the majority of the cases; but, from the details of those read, it would be seen that the superiority and benefit of the jacket over other means of treatment was unquestionable. A large number of the cases quoted had been treated by other appliances made by the best makers, and under surgical advice; little or no improvement had taken place, notwithstanding that these supports had been worn for months or years; while the advantage of the jacket was immediate. Some of patients whose history was read by Dr. Jones, and who are now walking about, restored to health under this treatment, had been confined to bed, or kept in the horizontal posture for years. In only a few cases of the entire of those treated by him had there been what he would call, up to the present, failure.

GENITO-URINARY SURGERY.

Mr. Reginald Harrison, of Liverpool, spoke in very favorable terms of the apparatus devised by Dr. Bigelow, of Boston, U. S., for use in litholapaxy, and his method of treating stone in the bladder. Mr. Harrison had recently, during a visit to the United States, through the kindness of Dr. Bigelow, seen this operation practiced. Though the number of cases was at present few, yet the results have been satisfactory as to demand for Dr. Bigelow's proposals the very serious attention of those interested in the subject. Mr. Harrison considered that, whether or not we should be prepared to accept in their entirety Dr. Bigelow's proposals, the adoption of improved means of evacuation would tend to diminish the rate of mortality following lithotripsy.

Dr. W. H. Pancoast, of Philadelphia, showed drawings of an instrument mod-

ified on the plan of Syme's urethrotome, which he was in the habit of using in operating on stricture of the urethra. He had used it in fourteen cases, some being of a severe character. The instrument conceals a knife, which can be pushed forward by a screw, and is guided by a whale-bone bougie.

Dr. J. P. H. Boileau urged the treatment of syphilis without mercury. He employed hot water baths, confined to bed, scrupulous cleanliness, a full diet, iodide, chlorate and nitrate of potassium, Dover's powder, etc. His experience was questioned by most of his hearers.

OIL OF AMBER IN ANGINOSE AFFECTIONS.

For all that is known or said of it, rectified oil of amber might as well have been retired long ago to that silent majority, the non-officials; but I hope to suggest a use for it that may revive, at least, a measure of its ancient praises.

I should preface my clinical detail, however, by stating that the remedy has been put upon trial by me for a number of years in many cases, diverse in age, habits, circumstances, in short, in their entire environments.

It must also be understood that in several of the cases here described the oil of amber was merely adjuvant to the general treatment of the patient's disease, and that it was expected to do only one thing—to relieve the cardiac pain.

The question of organic or merely functional disease is not considered, as the amber is recommended only for the neuralgic element, no matter how associated or excited, except, however, that the medicine is a stimulant, and is not thought appropriate in sthenic cases and cases of "active aneurism" or ventricular dilatation with much hypertrophy.

Some years ago, when I lived in Wheeling, the brothers Dr. Cummins invited me to see an old lady who had suffered for years from sharp stitches in her heart, which grew in violence and frequency with her age, and her bowels were habit-

ually costive. Her physicians had failed to find an effective means against either trouble. I proposed she should take from four to six, and, if need be, from eight to twelve, drops of rectified oil of amber on a lump of sugar, melted in water, and repeat the dose every thirty to forty minutes at each paroxysm until better. So prompt was her relief each time that the agency of the amber could not have been mistaken; it also usually acted on her bowels.—*Dr. Finck, in Med. Times.*

THE INFLUENCE OF SALICYLATE OF SODIUM IN THE TREATMENT OF DIABETES.

Dr. Miller, of Kiel (*Bull. Gen. de Therap.*, 1878, vii. p. 142,) concludes from his experience that salicylate of sodium causes the temporary disappearance of sugar from the urine, the improvement being more rapid under large doses, where these are tolerated by the patient. The average dose at first is nine to ten grammes daily (one hundred and forty to one hundred and fifty grains,) but, as the effect of the salicylate diminishes rapidly, the dose must be increased to fourteen or sixteen grammes daily, in order to hope for continued improvement on the part of the patient. Salicylate of sodium can be administered in large doses and for a long time without danger. Should toxic symptoms show themselves, these will rapidly disappear on the cessation of the medicine.—*Med. Times.*

TO CONCEAL THE TASTE OF QUINIA.

—Dr. S. Ashhurst says that if cinchona be mixed in the proportion of one grain of the alkaloid to four grains of sugar of milk, and one-tenth of a grain of bicarbonate of sodium, it will leave no bitter taste in the mouth. The mixture may be taken dry or dissolved in water.—*Druggists' Circular.*

HICCUGH CURED BY COMPRESSION.

—A case is cited from a French journal, in which hiccough which had been "in-

cessant for fifty days" was cured in five minutes by powerful compression over the epigastrium. All other conceivable means had failed.—*Pacific Medica and Surgery Journal*, August, 1878.

VALENTINE'S MEAT-JUICE.

This preparation, as its name implies, is the juice of meat expressed by a powerful hydraulic press. Unlike simple extracts of meat it contains a large quantity of albumen in solution along with some hæmoglobin. When heated, or when mixed with hot water, the albumen is precipitated, and the hæmoglobin coagulated, so that the reddish colour of the solution is changed to a light brown, and the liquid becomes turbid. The makers, therefore, recommend that it should be mixed with cold or moderately warm water. We find, however, that when boiled or mixed with hot water, it forms a very palatable beef-tea, and in many cases might be given in this form, although in cases of great exhaustion, where the utmost nutriment is required, the mixture with cold water might be better. The makers also recommend that admixture with acids be avoided; but it has been shown that the imperfect digestion in fevers depends on want of acid in the stomach, and not on want of pepsin. The addition of a little dilute hydrochloric acid to meat-juice and water makes a very pleasant drink, and likely to be grateful to patients. Some of the albumen of the juice may be absorbed from the stomach unchanged, but part will probably be digested, and the acid will hasten this process. Altogether we think that this juice will be of great service to the physicians as affording a concentrated and easily assimilated form of nutriment.—*The Practitioner*, June 1878.

COTO BARK.

Coto was first employed clinically (in Germany) by Dr. Gietel in Munich.

He used both the powdered bark and the tincture, one part of bark to nine of 85 per cent. alcohol. Gietel concluded that coto is a specific in diarrhœa. Burkart and Riecker, experimenting also with cotoïn, came to the same conclusion as Gietel. Since February, 1877, Fronmüller himself employed coto in some two hundred cases of various diseases, of which ninety-three suffered with colliquative diarrhœa, and ninety-one from sweating of the same grave character. Of the various preparations employed, tinctura cotonis was used in one hundred and nine cases in the dose of about one hundred drops per day on an average. In twenty-four cases cotoïn was used in the dose of 0.1. to 0.3 decigramme several times a day in powder. In five cases paracotoïn was administered in somewhat larger doses; in five cases soft coto resin to the amount of 0.12 to 0.6 decigramme per day in pill form. The medicine was usually directed against the excessive diarrhœa or sweating; in a few instances against the loss of appetite. In ninety-two cases of colliquative diarrhœa occurring in typhoid fever and tuberculosis, fifty were entirely relieved, twenty-six were improved, and nine remained unaffected. In some cases the diarrhœa relapsed, but was again checked. In most cases, however, good stools were soon obtained. The best results were gained by large doses. The tinctura cotonis was given in water, and taken without difficulty. In a few cases the patient complained of burning and tickling in the throat; this appeared due to some want of care in preparation. Coto has the advantage over other similar remedies used in diarrhœa, that it *improves* the appetite. A medium dose of the tincture is fifty drops, thrice daily, given on sugar or in water.—*Medical Times*

AILANTHUS GLANDULOSA.

The "tree of heaven," as it is called, which in its home attains a height of 80 to 100 feet, is used in Greece as an orna-

mental roadside tree, but during the period of flowering it gives off very disagreeable odors, whence it might more aptly be called "stink-tree." In this respect it resembles the stinking-bean trefoil, *Anagyris foetida*. Many years ago the bark of *Ailanthus* was praised as a remedy for tapeworm. My own experiments convinced me of its usefulness, at least in dogs, to whom I administered a saturated decoction of the fresh bark. Hunting dogs, imported from western Europe into Greece, are very apt to be affected with tapeworm, when they rapidly become emaciated and die, unless speedily relieved.—*New Remedies*.

STRYCHNIA OR NUX VOMICA AS A TONIC.

In the *Practitioner*, Dr. T. Lauder Brunton says strychnia is at once a gastric, vascular and nervous tonic. It has, with the exception of quinine, a more powerful action than most other bitters, in preventing putrefaction. It excites the sensibility of the vaso-motor centre, thus exerting a beneficial effect upon the circulation, and likewise directly stimulates the nervous tissue of the spinal cord itself. So great is its effect upon the vaso-motor centre that by its means physiologists have discovered that instead of being confined to the medulla oblongata, as was formerly imagined, this centre extends down the spinal cord. It has just been said that an impression made upon the sensory nerves reflexly stimulates the vaso-motor centre, contracting the vessels and raising the blood-pressure, but when a cut is made across the spinal cord, just below the medulla oblongata, this result is not produced. From this experiment it has been concluded that the vaso-motor centre was entirely confined to the medulla oblongata above the place of section; but if a little strychnia be now injected into the veins of an animal in which the cord has been thus divided, and a sensory nerve be then irritated, the vessels will contract and the pressure of the blood will rise. It thus

became evident that the vaso-motor centre extends down the cord from the medulla, but that its spinal portion is so feebly developed that under ordinary circumstances it has no power to contract the vessels when reflexly excited by stimulation of the sensory nerve. But strychnia has the power to increase its excitability so much, that reflex stimulation in this way will produce through it a decided effect. Now, when we consider that sensory impulses are proceeding every moment from the skin to the vaso-motor centre, we can readily perceive how a slight increase in susceptibility, produced by strychnia, will have a wonderful effect in raising the tone of the vessels, and aiding the circulation. The mode in which quinine acts is not so clear, but we know from observation, that, also in small doses, it renders the pulse stronger and less compressible.

From what has just been said, then, it would appear almost that strychnia or nux vomica is one of the most valuable tonics which we possess. When combined with nitro-hydrochloric acid, it is perhaps, one of the most efficient remedies that we can give for the debility which is so often noticed in warm weather, and when the ordinary tonics, such as gentian, columbo, cascarrilla, or quinine do not produce the desired results, the addition of a little nux vomica or strychnia to them may give us the wished-for effect.—*Medical and Surgical Journal*.

CONTRACTION OF THE FINGERS.

(*The British Medical Journal*, June 29, 1878).—Mr. William Adams thus describes the operation and treatment which he now practices in cases of Dupuytren's contraction:

1. The subcutaneous division of all the contracted bands of fascia which can be felt; the bands to be divided by several punctures, with the smallest tenotomy-knife passed under the skin and cutting from above downwards, a pled-

get of lint being at once placed over each puncture and retained in position by a strip of plaster.

2. Immediate extension to the full extent required for the complete straightening of the fingers, where this is possible, and the application of a retentive well-padded metal splint from the wrist along the palm of the hand and the fingers; the fingers and hand to be bandaged to the splint.

3. The bandage not to be removed until the fourth day, when the lint and plaster may also be taken off, as the cutaneous punctures are always found to be healed by the fourth day. The retentive metal splint to be re-applied, and the hand and fingers bandaged to it.

4. Extension to be kept up by the splint worn continuously night and day for two or three weeks; but the splint and bandage to be changed every two or three days. After this the extension splint is to be worn at night only for an additional three or four weeks, free motion being encouraged during the day.

TREATMENT OF GLANDULAR SORE THROAT.

(*The British Med. Jour.* July 6, 1878).

—Dr. James Sawyer writes as follows of his treatment of this disease: Glandular sore throat, by which is meant catarrhal congestion or inflammation in and around the glandulæ of the mucus membrane of the pharynx and larynx, is a very tedious and troublesome affection. It has been known as *dysphonia clericorum*; it is, in fact, the chronic sore throat to which persons are liable who use their voices extensively, especially in large rooms or in the open air. Dr. Sawyer desires to draw attention to the usefulness of the topical application of borax in its treatment. He orders a saturated aqueous solution, which the patient applies to his throat by the aid of Corby's throat-spray. The spray should be employed for several minutes thrice or more frequently daily; and midway

between meals. If the larynx be much implicated, the patient should inspire deeply while the spray is playing upon his throat. This very simple method of treatment has lately been found to be of striking service. The cure may be expedited by the application of astringent solutions to the pharynx and larynx by means of suitable brushes. When there is much secretion, extract of eucalyptus is a good local astringent, which may be used in the form of lozenge.—*Id.*

DEATH FROM ERGOT EMPLOYED TO CAUSE ABORTION.

J. C. LINCOLN, M. D., of Bowling Green, Ohio, reports a case of the above-mentioned nature, in which the effects produced by the drug were swelling and discoloration of the lips and face, dilated pupils, anxious and alarmed expression of countenance, pulse of forty-eight and weak, cold extremities; purplish hue of skin over entire surface, persistent vomiting and purging, and an alarming degree of prostration. Coma supervened; action of heart became more feeble, breathing irregular, and death took place two days after the abortion occurred, and four days after taking the ergot, which was afterwards ascertained to have been in the form of fluid extract, and in quantity four ounces.—*New Remedies.*

MANAGEMENT OF THE BREASTS WHERE NURSING IS NOT ADOPTED.

Nearly all the speakers agreed (at New York Academy of Medicine) that the best plan was to let the breasts entirely alone. Dr. Hubbard said that such had been his practice during his connection with the Infant Asylum, where most of the mothers did not nurse their children, and during the whole of that period there was not a mammary abscess formed. The pain in the breasts subsided, as a rule, within twenty-four or forty-eight hours, and no further

trouble was experienced if no attempt was made to draw the milk. If the milk was drawn only once, the character of the case was entirely changed. This method of treatment appears to us quite rational, and if at the same time the bowels be kept freely open and the diet restricted, it will generally be successful.

LOCAL ANAESTHETIC.—As a local anæsthetic to apply to gums, in the extraction of teeth we find the following (in *Dental Cosmos*.)

R. Pulo Camphor.....dr iv
Sulphuric Ether.....oz i

Apply to the gum around the tooth with a pledget of cotton moistened with the mixture, until the gums turn white, when the tooth can be extracted with little pain.

Iodoform Ointment.—Iodoform 5 parts; hog's lard, 45 parts; to be melted together at the temperature of a water-bath, and stirred until cool. To be marked "for external use." In pruritus, prurigo, chronic eczema, fissures, and painful ulcers.—*Lancet and Clinic*.

HOT MUSTARD BATHS IN PNEUMONIA OF CHILDREN.

Dr. Weber in *American Journal*, obstetrics reporting a case says:

I recognized pneumonic infiltration of both upper lobes. In spite of emetics, digitalis, mustard plasters and poultices over the chest, she became cyanotic at the end of the third day, with stertorous breathing, cold extremities, and failing heart's action. It occurred to me at this stage to immerse the patient in a hot mustard bath of 105° F., prepared by diffusing about a pound of mustard in a baby tubfull of hot water. I kept her in for about ten minutes, making thorough friction all over the surface, and until the skin had assumed a pinkish color. After being put to bed, which I had well warmed previously, the child began breathing easier and soon fell asleep.—The skin remained warm, and an hour after the bath the child was perspiring

freely. With the improvement of respiration, the pulse became stronger and less frequent, and the child took the breast readily. Encouraged by this success, I repeated the process four hours later with the same good result; and after having administered five baths in the course of forty-eight hours, and given no medicine whatever, I had the satisfaction of seeing my patient convalescent."

CALOMEL.

Dr. McElroy, in a report to the *Gainsville Ac. of Med.* says:

"So calomel has held its place in the reapeutics for centuries; its use having been at times violently opposed, even to calling into existence sects in medicine, founded only on the single idea of not using it at all. Perhaps the abuse of it was chief reason for the birth of homeopathy, and its life—a vigorous one in many centres of population—in our day.

I have somehow got to giving much more credit and importance now, than formerly, to the Latin maxim 'Vox Dei,' or possibly its fellow, 'Vox Populi, Vox justitiæ,' i. e. that the ultimate judgments of the people are always just.

The people seeing the injurious effects of calomel, as used by the profession, rebel against it. The profession is firm in its position. New sects are called into existence to oppose its use. When the profession learns the lesson the people, designed to teach, these sects pass out of existence. The people are, after all, the ultimate arbiters in regard to medical practice. If patronage is withdrawn from the regulars, or from any sect, they, or it, must soon pass out of existence.

For some years during my professional life, I think I did not prescribe ten grains of calomel per year. And I could not get along without it if people would have patience without substitutes. But they did not like to take alkalies long enough, nor wait the effects of podophyllin, iodine, etc., nor would they have patience. But every now and then one would leave me. So, in self-defense,

possibly self-preservation, I had to resume its use. But I had become, as I believe, wiser during the period of non-using. It is, to say the least, a wonderful efficacious agent in the hands of actual working practitioners; and as happily convenient. The ideals now in use in the profession regarding its *modus operandi* are purely scholastic, having little or no representation in nature. Cathartic, chologogue, alterative, deobstruent, etc., are fictions of men. Calomel, as all "stored up" force in the same material, in the same chemical condition, but has one effect, increased or decreased according to quantity, and time, in its introduction into living bodies. It is material, so far as the mental mercury is concerned—not a natural constituent of living bodies. Its operation is to quicken the pace of the waste of existing tissue. The growth of living bodies has limitations. Flesh, living flesh, which does not disintegrate, performs no natural function. Where such an event takes place in a living body, the result is called a "tumor," "morbid growth" or hyperthrophy." The stoppage of physiological decay of living tissue is death. The retardation of physiological decay constitutes a pathological condition. The pathological condition, so to speak, ceases to be such, when the pace of molecular disintegration is hurried up, no matter by what means, to the physiological velocity. I do not, therefore, now associate with its administration conception of "unloading the *primæ viæ*," "rousing up the secretions," or stirring up the "bile." My concepts are limited to quickening that pace of molecular works, not alone in the abdomen but throughout the remotest parts of a living body.

I know now that my mistake in early professional life was in too large doses, giving too much at a time, repeating too often. In its employment now, with the better understanding of its effect, I rarely ever give more than half a grain, and not often nearer together than six hours, if the dose is to be repeated. In

the bulk of cases the bowels will operate freely inside of twenty four hours. A failure to do so indicates some modifications of structure in the nerve masses, or muscular structure, *i. e.* partial paralysis, so to speak. Singularly enough I find one of its highest uses to be in delicate and weakly persons, with whom tonics disagree, or fail to work satisfactorily, or to be followed by improvement. Half a dozen granules of half a grain each at from six to twelve hours' interval, seem to get up the requisite speed in molecular changes, followed by the culmination of effect, or dead matter; when tonics will be followed by the desired results, unless there are permanent changes of structure to modify, or wholly prevent them.—*Cin. Md. News.*

GLYCEROLE OF SUBACETATE OF LEAD IN ECZEMA.

CASES BY PROF. DUHRING.

For an account of the theory of action of glycerole, reference may be made to Mr. Squire's papers. The formula which he suggests is as follows:

Acetate of lead, 5 parts;

Litharge, 3½ parts;

Glycerine, 20 parts, by weight.

Mix, and expose for some time to a temperature of 350° F. Filter through a hot water funnel. The clear viscid fluid resultant contains 120 grains of the subacetate of lead to the ounce. It is used as a stock from which the preparations employed are made by dilution with simple glycerine. In the cases below noted, the strength of the glycerole in any given instance is designated by the number of grains of subacetate of lead which it contains.

Although, as the title of this paper indicates, the majority of the cases of which notes are here given belong to the category of eczema rubrum, yet some instances are included of other forms of eczema. These are introduced with a view to show the effect of the glycerole in these cases, and for purposes of comparison.

Case I.—Myra W., æt. 55. Applied for treatment January 18. *E. rubrum, leg.* Disease covers the limb from ankle half-way to knee. There is œdema, infiltration, a red, weeping surface, varicose veins, intense itching and burning. The patient a large, stout woman; the affection of some months' duration. Glycerole gr. xv. ad 3i. Bits of rag saturated with lotion to be laid freshly on affected parts night and morning, and then bandage to be applied. Limb not to be washed excepting when crusts accumulate, then with hot water and brown soap. Jan. 23.—Improvement. Less œdema, little weeping, no itching or burning. The leg had only been washed once, on account of the pain this procedure caused. There was a thin white deposit over the surface. Jan. 30.—The œdema and infiltration have become so rapidly reduced that the skin is wrinkled. Pigmentation beginning. Color of surface dusky red, inclining to brown. Patient delighted with success of treatment. June 20.—No medicine for a month or more. Completely cured, excepting that a small patch of infiltrated skin remains on instep.

This was in every way a typical case of eczema rubrum, and exemplifies very well that form of disease in which the glycerole appears to act to the best advantage. The rapid diminution in the œdema and swelling was striking, and the relief given to the patient was remarkable.

Case II.—Mary Ann S., æt. 47. Applied for treatment May 7. *E. rubrum, leg.* Palm sized patch over front of leg, including a shallow ulcer the size of a quarter dollar. The diseased skin red, infiltrated, and slightly moist. Sensations both of itching and burning. The limb swollen and œdematous, and showing varicose veins. Some months' duration. Glycerole gr. xx ad 3i. Not to be washed. Elastic stocking. May 16.—Great relief. May 24.—Patch of eczema one-half original size. Ulcer entirely healed. June 6.—Nearly well.

The rapidity of cure in this case was somewhat unusual for a patient obliged to pursue her ordinary avocations without cessation. It may be attributed in part to the aid given by the elastic stocking, but we are quite sure that this alone would not have cured a patch of chronic eczema with ulceration unless the glycerole had also been carefully and thoroughly applied.

Case III.—Christiana D., æt. 68. Applied March 19. *E. erythematousum et fissum, palms and soles.* Aggravated case. Palms show a not unusual degree of the disease. Soles very severely affected, covered with tough, greenish-brown, heaped-up masses of horny epidermis, and deeply fissured, looking like rhinoceros hide. Least movement causes skin to crack, and gives intense pain. March 26.—Glycerole gr. xv. ad 3i. April 2.—Improvement. Skin less red; fissures closed; much less scalliness. Soak the feet every evening in hot water, and wash them with brown soap before applying the glycerole. May 8.—Palms nearly well; only a few small scaly patches remain. Backs of hands itch. Wash with tar soap. Soles much improved, though still scaly.

Though not belonging to the class of *E. rubrum*, this case is noteworthy as showing the good effect of the glycerole in a peculiar intractable form of eczema, where, it should be said, other forms of internal and external treatment had failed.

Case IV.—Jane McC., æt. 42. Applied February 5. *E. squamosum et rubrum, leg.* Hand-sized patch over front of left ankle and instep; similar but smaller patch on right sole. A number of varicose veins about ankle. Glycerole gr. xx. ad. 3i. Leg not to be washed, but to be bandaged with great care. Feb. 7.—Improvement. Tendency to the formation of pustules here and there, both over seat of disease and in neighborhood. Feb. 12.—Nearly well. Thick deposits over skin. Wash off. She came two or three times more, always

improving, and was discharged, finally, quite well, April 4.

A very satisfactory result. The affection was practically cured in a week, though it took some time longer to remove all traces of its existence. The formation of pustules in this case did not interfere with the cure. Usually, the appearance of these lesions signifies that the glycerole does not agree.—*Medical Times.*

ON THE USE OF WINE IN THE CAPILLARY BRONCHITIS OF CHILDREN.

M. Bonamy, of Nantes speaks highly the use of wine in the treatment of pillary bronchitis in very young children. He does not think very large doses advlsable; he does not think very large doses not think very large doses advisable; he gives from five to six ounces daily to children between one and two years of age, varying the dose also according to the strength of the patient. As adjuvants he employs cutaneous revulsives and ipecac. He reports three cases in which this treatment was crowned with complete success. One was a case of severe broncho-pneumonia; from five to six ounces of Malaga wine were given daily, and under its influence the respiration fell rapidly from 50 to 26 in a minute. In the other two cases he had to deal with broncho-pneumonia complicating pertussis; one of the patients was in a state of collapse when the treatment was begun. He used the following formula in these cases: Malaga wine, 3 iij.; peppermint water, 3 ijss.; syrup of orange-peel, 3 v. M. A dessertspoonful every hour.—*Jour. de M. d. et de Chir.*

NEUTRAL ACETATE OF LEAD IN GRANULAR CONJUNCTIVITIS.

Dr. Pierd'hoy employs finely powdered, neutral acetate of lead in the following manner, in the treatment of

conjunctival granulations: a blunt-pointed hair pencil is slightly moistened, impregnated with a small quantity of the powder, and then brushed lightly over the exposed surface, so as to touch all the granulations. The mucosa must first be carefully cleansed. He claims that incrustations on the cornea are not to be feared, even when ulcers exist. The granulations, after the application, appear flattened and shrivelled, and are covered with a delicate, whitish pellicle. the reaction does not last longer than twenty-four hours, but it is sufficient to repeat the operation every four or five days. The advantages claimed for this treatment over that by nitrate of silver or bluestone are that it is less painful, that cicatrices are less likely to form, and that the time required to produce atrophy of the granulations is only about half as long.—*L: Lyon Medical.*

TREATMENT OF CROUP BY INJECTION OF LIQ. FERRISES-QUICHLORID INTO THE LARYNX AND TRACHEA.

Dr. Palvadeau in the Union Medicale 1878, No. 86, reports two cases of croup that were treated by him and Regi by means of injections of liquor ferri sesquichlorid that recovered. His method is as follows: "15 drops of the liquor are mixed with 15 drops of water and this solution is injected by means of a hypodermic syring into larynx. The needle of the syringe is introduced to the depth of 1—1½ centimeters, above the thyroid cartilage and then 5 to 6 drops of the solution are then injected. Two hours after the injection has been made an emetic is administered. Usually the membranes were expectorated after a short time. If improvement does not follow in a short time the injection must be repeated." Regi, in his case was forced to inject several times; finally, however, membranes were spit up. Palvadeau considers this method entirely devoid of danger and producing no harm.—*Lancet and Clinic.*

THE COLLODION BANDAGE IN THE TREATMENT OF UMBILICAL HERNIA.

In the Vienna general Policlinic, the collodion bandage of Rapa (of Naples) is used. It is applied in the following manner: The mother takes the child on her lap, the shoulders lying on the left, the hips on the right leg. The upper extremities of the child are held fast by the left hand of the mother, the lower extremities by the right hand.

The hernia and its vicinity are now penciled over with a broad layer of collodion. The hernia is now reduced and a folded compress 4 centimeters wide and 3 centimetres long is placed over the ring, the side next to the hernia having been covered with collodion. This compress is held in place by an assistant, a long strip of adhesive plaster, 3 centimeters broad, is placed over it. This strip must be long enough to pass around the body and cross upon the abdomen. During the application of the plaster the recti-muscles must be pressed together by an assistant. Finally, over this a linen bandage equally long and broad is applied, and the entire surface of the bandage over the abdomen is covered with collodion.

To protect from eczema, Monti applies a mixture of emplastr. diachyli simp. and cerat. fuscum, instead of the adhesive plaster. The formula is, emplastr. diachyl. simp., 30; cerati fusci 10; ol. oliv. 9.5; ut liquifacit, ft. emplastr.—*Lancett*.

REMARKS ON EXTRACT OF MALT AND ITS COMBINATIONS.

From a paper read by J. J. Mulheron, M. D., at a meeting of the Wayne County Medical Society.

* * * * *

I appreciate the fact that many of our more conservative members are inclined to look with distrust on many of the new preparations which enterprising pharmacists are giving to the profession.

This feeling, it must be admitted, has too much foundation in the impositions which unscrupulous manufacturers have practiced; but there is a possibility of carrying it too far. The profession of this country, besides being intensely practical, is also tolerably discriminative; it soon learns what estimate to place on anything it has put to practical test, and the fact that an article is spoken of with favor some years after its introduction is pretty good presumptive evidence of merit. This time-test successfully withstood, should justify a trial of any remedy by the most conservative. * * * Among articles of comparatively recent introduction in this country may be mentioned Extract of Malt, prepared after the method of Trommer. Although for a long time enjoying the confidence of the profession of Europe, and particularly of Germany, it has been before the profession of this country for only about five years. It has stood the time-test alluded to, and is to-day more popular than at any time since its introduction. Its combinations with other articles has increased its popularity, and these combinations are, perhaps, more generally employed than either of their constituents.

My experience with Extract of Malt has been confined to its use in diseases of mal-nutrition and mal-assimilation. In such affections the stomach and the digestive portion of the intestines are primarily involved, and these failing in their functions, decomposition takes the place of digestion and we have absorption of unnatural products, with the long line of disorders which follows, and to which a variety of names is applied.

Before any local trouble manifests itself dyspeptic symptoms call for relief, and the failure in the digestion of carbonaceous ingesta is rapidly followed by loss of weight, sometimes even to emaciation. Theoretically, then, the remedy indicated at this stage is one which shall improve digestion. The whole gamut of the materia medica has been run for

such a remedy. Tonics, alteratives, sedatives, stimulants, etc., have in turn been tried and found wanting.

An analysis of Extract of Malt suggests this article as a valuable agent, and its employment quite justifies the hope inspired of such analysis. Besides its tonic properties, it is rich in food (glucose) which has undergone an important step in the process of indigestion. In the latter property it possesses a great advantage over cod-liver oil, which so often not only offends the impaired stomach, but which is, under most circumstances, so difficult of digestion.

It is further valuable because of its property of emulsifying cod-liver oil, and thus aiding in the digestion of the latter, and, indeed, it is in such combination that I have had most experience in its use. In several cases in which I regarded the oil as indicated it positively disagreed, but became perfectly tolerable when given in emulsion with the malt extract.

In support of the proposition that Extract of Malt merits a thorough trial at the hands of the profession, I submit the following reports from cases which have been under my charge:

Mrs. R. consulted me three years ago last May for an annoying cough. I ascertained that her health had been failing for some time and that she had lost flesh appreciably. She complained of dyspnoea on the slightest exertion. Expectoration was very scanty and of tenacious mucus, with occasional streaks of blood. Digestion very imperfect, with much acidity and eructation. Appetite very poor. Inspection revealed diminished expansion in the infra-clavicular portion of left lung. Percussion elicited but slight dullness. Auscultation showed respiration to be interrupted in its rhythm and somewhat bronchial. Here was a case of incipient fibrous phthisis, a diagnosis made more clear by its subsequent history. I placed her on cod-liver oil, and ordered a mixture for the relief of the annoying cough. The latter had the effect of giving slight relief, but

the oil was not tolerated. After three months it was painfully manifest that the disease was progressing.

Shortly after this she became pregnant, and this was followed by an improvement of all the symptoms referable to the lungs. With the exception of a slight roughness in the respiratory murmur, no trace of the lung difficulty remained at the sixth month of pregnancy. At the seventh month, however, she miscarried; the child lived thirteen hours. Immediately after the unfavorable lung symptoms returned with increased severity, and continued in spite of treatment. I then placed her on Extract of Malt. After taking two pints of the plain extract, an improvement in her digestion and in her general symptoms was noticeable. I then gave her the combination of the extract with cod-liver oil. After a bottle of this, (which agreed perfectly) had been taken she was able to leave her bed for the first time since her confinement, three months previous. She has since been taking regularly the malt with the oil in combination, and on a visit to her yesterday I found that the disease had made no progress since my last examination some three months ago. The respiration sounds have improved, if anything, and I am led to hope that ultimate permanent good may follow the treatment. I cannot but believe that had the Extract of Malt been resorted to when I was first consulted a train of very threatening symptoms might have been averted.

Miss W., aged 19, consulted me October 5, 1877. Her's was a typical case of chlorosis. She had consulted and had been treated by several of our leading physicians, but without benefit. Supposing that the usual remedies in such cases had been employed, I placed her on Extract of Malt with cod-liver oil and iodide of iron. The improvement which followed was very marked, and after the sixth pint had been taken, menstruation, which had been suspended for several months, was re-established, and after taking two more pints further medica-

tion was considered unnecessary.

I regard the combination of Extract of Malt with pepsin as one of the most valuable additions to our list of physiological medicines, and, without taking up your time with the details of cases in which I have employed it, I know of no remedy of such wide application and of such service in functional dyspepsia. In the deplorable condition of the stomach following the drunkard's prolonged debauch, Extract of Malt with pepsin is of great benefit. In the emaciation and condition of marasmus, following the summer diarrhoea of children, it is also a sovereign remedy. The hints on epidermic medication in a recent number of the *Michigan Medical News* by Dr. Wade, of Holly, led me to apply it in the manner recommended and with very favorable results.

Extract of Malt is by no means a specific remedy, and though I have employed it in tuberculosis with little or no benefit, yet I regard it as inferior to no other agent in such cases, while its combinations constitute the most valuable means in our hands.—*Mich. Med. News.*

PROGNOSIS IN CEREBRAL HEMORRHAGE.

It is often important to be able to give a reasonably correct opinion as to the result of apoplectic attacks, in answer to inquiries by friends and parties interested. Dr. Lapponi, in the *Revista Clinica de Bologna*, presents some valuable hints on this subject, which may be epitomized as follows:

Those attacks in which coma continues over twenty-four hours are fatal. There are a few exceptions which extend the farthest limit to three days.

There are but few attacks followed by slightly prolonged coma, in which one fails to observe, before the return of consciousness, occasional yawnings separated by intervals more or less prolonged. But if these yawnings occur soon after the attack, if they are frequent and succeed

each other rapidly, a fatal termination is certain.

Paralysis of the buccinator always indicates a serious attack, as the seat of lesion is not far from the medulla oblongata. Equally grave, and perhaps more so, is labio-glosso laryngeal paralysis, which the author thinks he was the first to observe. Here the paralysis is of the hypoglossal and a portion of the facial nerve, from lesion of bulb.

All cases in which, thirty or forty minutes after the attack, vomiting occurs without nausea or effort, being a veritable regurgitation of the contents of the stomach, will terminate in death. The value of this symptom is due to lesion of the vagus nerve.

Paralysis of the pharynx, from lesion of the origin of the vagus, and polyuria supervening a few hours after the attack and due to lesion of the bulb, alike indicate great danger.

Extreme depression of temperature occurring soon after the attack, is often the prelude of death. But if there succeed to this initial fall of temperature a reaction which raises the temperature above the normal standard, the prognosis is unfavorable without exception.

Finally, the decubitus acutus, so well described by Charcot, is a fatal symptom.—*Pacific Med. Jour.*

CAFFEINE IN CEPHALALGIA.

Citrate of caffeine, in doses of two grains every half hour until the pain ceases, is strongly advocated as an effectual remedy. Often one or two doses are quite sufficient. The only contra-indication is sleeplessness, which sometimes results if it is taken in the evening. It is preferable to guarana as being hardly ever rejected by the stomach. In hay fever, spinal irritation, and general neuralgia, it would seem worthy of a trial.—(*Montpelier Medical.*)

Practical Notes and Formulae.

BROMIDE POTASSIUM IN CHRONIC CHILLS.

Dr. L. T. S. of S. C. writes:

Case 1st. Mrs. P. Aged 65 has had third day chills for three years; commenced giving bromide, the morning after the chill gave 15 grains 3 times a day, has had no more chills for the last three years.

Case 2. Child of Mrs N. 5 years old has had third day chills for three years, gave bromide, 5 grain doses 3 times a day—has had no more chills.

The bromide is kept up for several months 3 times a day for 8 or 10 days, then left off for as many days.

I have been using the bromide as above for the last 6 or 7 years with uniform success. As a preventative—R. L. S. had chills every summer for several years—gave the bromide commencing in the spring; gave it all summer and fall at intervals as above; he has had no chills since, being now five or six years. I have seen no unpleasant effect whatever from the use of bromide of potassium.

VASELINE-IN PHARMACY.

Having early last spring been engaged in preparing a few samples of cerates and ointments, with the above mentioned base, for the Paris Exposition, I made a few different kinds, but rather as types indicative of the wide field which it covers. Vaseline is useful both on account of its inalterability when exposed to any ordinary atmosphere and its property of enveloping alterable bodies so as to render them stable. It is also a good solvent, and its freedom from granular structure renders the introduction of powders not perfectly impalpable visible, thereby insuring the physician against an over-

sight to which the pharmacist is liable with a granula ointment.

Vaseline	16 ounces.
White wax	8 "

Melt with a gentle heat. This cerate keeps well, is of medium consistence, and can be used all the year round, not being too hard for cold or too soft for warm weather.

Vaseline	16 ounces
Yellow wax	4 "
Resin	10 "

Melt as resin cerate, U. S. P. This offers no advantage over our lard cerate, and requires constant stirring on cooling, as the resin tends to separate readily.—*Drug Cir.*

ALTERATION OF CALOMEL.

Mr. Jolly has determined the amount of corrosive sublimate formed from 1 gram of calomel, after digesting it for six hours, at a temperature of 40 deg. C. (104 deg. F.), in 100 grams of distilled water to which the following additions had been made:

0.2 gram. muriatic acid	gave	.008 HgCl ₂
0. " sodium chloride	"	.001 "
2.0 " citric acid	"	.001 "
0.5 gram. soda	gave	.006 HgCl ₂
1.0 " sodium carb.	"	.004 "
1.0 " magnesia	"	.003 "

Calced magnesia and calomel, each 1 gram, were mixed; on washing the powder, after 24 houts, with distilled water, .001 gram corrosive sublimate was obtained. Lime has the same effect; but, after digesting mixtures of calomel with carbonate of calcium or of magnesium and distilled water, no charge was observed after six hours. Troches of calomel made with pure sugar, free from lime, did not contain a trace of corrosive sublimate after having been kept for several months.—*L'Union Phar., Gaz. Medicale.*

Asparagus root is laxative, and acts also upon the kidneys.

American Holly (*Hex opaca*) is tonic, laxative and expectorant.

Triostium perfoliatum, is nervine and antispasmodic.

Tinc. aconite. The tincture of the radix, or root, is much more powerful than that of the leaves, a fact which should be borne in mind in using this powerful agent. It should also be remembered that when largely diluted with water it is more promptly absorbed, and more efficient in action.

Deodorized tinc. opii., is perhaps the best form in which to administer this drug. It is less apt to disagree with the patient than the ordinary tincture.

The muriate of Morphine is used in England in preference to the sulphate and acetate. It is not as likely to give rise to nausea and other unpleasant symptoms so common in the use of the sulphate. It is better, and we believe safer, for hypodermic use than the other forms mentioned.

Virburum opulus, or cramp bark, is a valuable antispasmodic—useful in asthma, spasms, cramps, etc. It is said to be the best and safest remedy for the relief of after pains:—Dose, one to two teaspoonful of the f. ext., repeated in an hour if necessary.

Dog Fennel.—One of the chamomile species, growing in the back lanes of our towns throughout the South, possesses the stomachic and tonic properties of the chamomile of the shops. In addition, the leaves of the plant contain a principal almost identical with cantharadine; when bruised and applied to the skin, they produce prompt and active a epispastic effect.

Nervine.—The following is admirable

to allay nervousness or morbid vigilance—specially useful to promote sleep in hysterical and irritable subjects, and is better for the baby than paregoric, or the various soothing syrups in use:

R. Fluid ext. valerian
F. ext. alulleap a a..... ½ oz.
F. ext. Camip..... 6 drs.

Dose for an adult, one to three drachms; for a babe, 20 to 60 drops.

Populus Tremuloides, or American aspen is antispasmodic, tonic and alternative; useful as a febrifuge, in debility, as an anti-dyspeptic and in chronic diarrhœa. Dose of the f. ext. from a half to one drachm.

Eczema Capitis.

R. Plumbi acetatis..... gr. x.
Zinci Oxidi.....
Hydrag subchloride.....
Ungt. hydrag nitratis a a..... gr.
Adeps recentis..... oz.
Olei palme purificati..... oz. ½

M. An anointment much relied on at the Skin Hospital—Blackfriars Road in the treatment of eczema capitis, and other obstinate eruptive diseases.

BRONCHIAL CATARRH.—For a bad cold, particularly, for that form of catarrh attended by dry cough and constriction in the chest, or in mild form of asthma, the following remedy will be found efficient.

R. Pulo Doveri }aa gr. v.
" Assafoetida }v.
Sulph. Quinine.....gr. iij

Take in one dose at bed time.

CARBOLIC ACID FOR AGUE.—Dr. Stern, of Paris has found remarkable success in treating intermittent fever with the following formula.

R. carbolic acid.....gtt. vj.
Distil Water.....oz. vj.

M. Dose, a tablespoonful three times a day.

For Rheumatism.

R. Acidi salicylici.....dr. ii;
Liq. ammon. acetatis.....
Syr. limonis.....aa f. oz ii;

M. S.—Take two tablespoonfuls every two hours.

SCIENTIFIC ITEMS.

ILLUSIONS.

The natural world is full of illusions. The apparent rising and setting of the sun, the gorgeous clouds that proves to be only a dreary mist when you get caught in them, the mirage, that reveals things lying below the horizon, and shows us ships sailing keel up in the air, the full moon, which, as it emerges from the horizon, appears to be twice as large as it does when it is over our heads, while, if looked at through a tube or measured by an instrument, is found to be of precisely the same diameter, the coming together to a point of two right lines when seen in perspective, the mistake of supposing the train in which we are seated to be in motion when another train at our side begins to start, the deceptive idea that we have of distance, as in the instance of lofty mountains, which may seem to be close at hand, when, in fact, it is scores of miles away; these are illusions of sight that are familiar to us all. There are other forms of optical illusion, which depend upon the principle that motion may be quicker than sight, such as the extraordinary tricks of the juggler, or prestidigitator, which is now the favorite title of the professors of this science, the continuous circle of fire produced by whirling a lighted stick in the air, and the fantastic movement of painted figures in the popular toy known as zootrope. And again, the most marvelous illusions may be the result of an excited fancy, as when one sees specters and hobgoblins.

BALOOING SPIDERS.

The Rev. H. C. McCook, of Philadelphia, describing the ballooning habit, or flight of spiders, says the spider seeks a

high position, as the top of a fence-post, as the point of ascent. The abdomen is elevated to as nearly a right angle with the thorax as may be; a pencil of threads issues from the spinnerets, the face being meanwhile turned to various points until it looks in the direction of the wind. The legs are then stretched upward, thus raising the body aloft, and the insect gradually assumes a position as if resisting some force from above. Suddenly the right claws are unloosed, the spider mounts with a sharp bound and floats off, generally with the back downward, but sometimes with the position reversed. At first the abdomen seems to be in advance, but generally the body is turned so that the head is front. The pencil of threads is caught by the feet, and floats out in front. Upon these threads the spider will climb upward as though to adjust the centre of gravity. Meanwhile a pencil of threads floats out behind, leaving the spider to ride in the angle of the two, or sometimes three pencils. The feet seem to be united by delicate filaments, which serve to increase the buoyancy of the balloon. The insect is carried forward by the wind, riding for long distances in an open space, and often high up upon ascending currents. Its anchorage appears at times to be within its own volition, by drawing in with the claws the forward pencil and gathering it in a white roll within the mandible; but most frequently the progress of the insect is stopped by some elevated object, or by the subsidence of the breeze.

The Journal of Microscopy says the entire Bible could be photographed on a little less than an inch and a half. It could be photographed, nearly ten times on an ordinary postal card!

Editorial and Miscellaneous.

✉ All communications relating to the business of *THE RECORD* for the years 1877 and 1878, must be addressed DR. R. C. WORD, Managing Editor Southern Medical Record, Atlanta, Ga.

✉ Brief and practical communications are solicited on all subjects pertaining to medicine; also reports on cases in practice.

✉ Send money by check, postal order or registered letter.

✉ Write your name, post-office, county and State plainly.

SPECIAL NOTICE.

Medical brethren who receive this copy as a sample, are requested to try our Journal for one year, at least, as a matter of experiment.

Those who subscribe now for 1879, may commence with the next or December number, and may remit their subscription in 60 days from date of order.

Any one sending us two new subscribers will be furnished with a copy of "Physicians Pocket Day Book," worth one dollar. By C. Henri Leonard, M. D. One of the most convenient and beautiful works of the kind ever gotten up.

ELEGANT DISPLAY OF CHEMICALS.

During the late Fair Exhibition held in this city, our attention was called to the finest display of chemicals it was ever our pleasure to witness. They were from the celebrated Laboratory of Powers & Weightman, of Philadelphia, Pa., and were placed on exhibition by the enterprising drug-firm of Pemberton, Samuels & Reynolds, of Atlanta, Ga.

It remains for us to say that we can heartily commend Pemberton, Samuels & Reynolds to our friends as honest conscientious druggists and business men, who will always give them the purest and best medicines to be obtained. We know them personally and give testimony accordingly.

W. T. G.

PRACTICAL JOURNALISM.

It has been, and will hereafter be, our continued object to improve and develop the practical feature of our journal. We desire to make it a compendium of all that is practical and useful to the busy practitioner, and we have abundant testimony that our efforts are appreciated in the steady growth of our list, and in the numerous commendatory expressions which come up from the ranks of the profession. We intend that no retrograde step shall be taken in the future conduct of the journal, but rather that it shall improve; and shall more and more conform to the real interests and necessities of progressive and practical medical men. To this end we will endeavor to compass in our gleanings from exchanges the substance of all that is useful in both, the home and foreign Journals, and to elicit, from the large number of practical common sense men who make up our list of subscribers, South, West, East and North, such facts, discoveries, practical hints and useful formulae as are in their possession, and which, from the want of proper encouragement, and from the absence of a medium suited to their taste, have not heretofore been published. That we may be able to carry out this, we invoke the aid of our medical brethren, particularly of the common sense, hard-working, village and country physicians throughout the land. We ask them to send up any and every thing which can, in any degree, interest the profession or benefit medical science.

OUR ADVERTISING DEPARTMENT.

Our Advertising Department has been gradually enlarging. We mentioned in a former occasion, in response to a complaint on this point that our reading matter was not encroached upon by the advertisements.

TAXING MEDICAL MEN.

In most of the States there is imposed a specific tax upon physicians. The last meeting of the Medical Association of Georgia, appointed a committee to memorialize the Legislature of the State to remove the special tax of \$10, now imposed upon physicians in Georgia. There are a number of medical men who are Representatives in the Legislature, and we hope they will not shrink from using their influence for a passage of a bill repealing the law which imposes a special tax upon physicians. No class of men of any occupation do a tithe of the gratuitous work for the poor which is done by physicians. In all kinds of weather; in the dark hours of night when others are asleep, the medical practitioner, broken of his rest, and often worn down with care and anxiety, passes from one scene of distress to another, giving his time, labor and medicine to the indigent sick. It is the height of selfishness and meanness to say that he has voluntarily placed himself in such a position and should therefore not complain; or that he could refuse to do this charity work. The dictates of humanity, not less than the exactions of public sentiment, leaves him no alternative.

It is clearly the duty of the State, and not of a particular class to provide for the necessities of the indigent sick. A law should be passed authorizing the authorities of each county to provide drugs, at least, if not compensation to medical men for these services and gratuities. And if this is not to be done, surely it is a small boon to ask that the specific tax upon medical men be removed.

NATIONAL YELLOW-FEVER RELIEF COMMISSION.

EXECUTIVE COMMITTEE:

A. R. Shepherd, Chm'n	John T. Mitchell.
Wm. Dickson, Sec'y.	A. S. Selomons.
L. J. Davis, Treas'r.	Simon Wolf.
Arthur MacArthur.	B. H. Warner.
George Hill, Jr.	John F. Cook.
Leonard Whitney.	J. M. Woodworth, M. D.

WASHINGTON, D. C., Nov. 1, 1878.

To the Yellow-Fever Relief Associations, Com., Etc.:

At a meeting of the Executive Committee of the National Yellow-Fever Relief Commission, held on October 30, 1878, the following resolutions were adopted, and directed to be forwarded to the various Relief Associations throughout the United States:—[The interesting Preamble we omit for want of space.—Ed.]

"Resolved, That all relief committees and other organizations which have contributed in aid of the yellow-fever sufferers of the South during the present epidemic, be requested to communicate to this commission the gross amount they have collected, and in what manner they have disposed of the funds, together with such other information as will give a history of their benevolent work.

"Resolved, That a committee of three, of which Surgeon-General Woodworth, of the Marine Hospital service, shall be chairman, be designated by

himself to prepare and edit this report, and that they be empowered to employ such clerical assistance as may be deemed necessary.

In accordance with the foregoing resolutions, Relief Associations, Committees, etc., are requested to fill the appended blank, detach and return it at as early a date as possible to Dr. John M. Woodworth, P. O. Box 33, Washington, D. C. In addition to this, such items of information as you may have from newspaper clippings, letters of correspondents, or extracts from letters, which will be of use in making up the full history of this relief work, are respectfully solicited.

Signed Jno. M. Woodworth,
Chairman of Committee to Edit Report.

RARE CHANCE!

Notice advertisement headed *A Rare Chance*, as it furnishes a splendid opening for some man.

COPY OF DR. REDWOOD'S REPORT ON TROMMER'S EXTRACT OF MALT.

17, BLOOMSBURG SQUARE,
LONDON, Sept. 18, 1878.

Dr. Redwood's Analytical Department:

I have examined the Extract of Malt manufactured by the "Trommer Extract of Malt Company," and judging from its physical characters and chemical reactions, I am of opinion that it fairly represents what its name indicates, that is, that it is a preparation of Malt, in which are contained the essential properties of that substance, with a slight addition of Aromatic Bitter of the Hop. It has the character of a soft Extract, in the sense in which that term is used pharmaceutically, and it has evidently been prepared with great care and judgement, as it retains the property of acting on amylaceous bodies, as diastase does, while the Extract itself bears long keeping without change.

It also possesses the property of forming with Cod Liver Oil, a permanent Mixture or Emulsion, in which the taste of the Oil is very effectually covered, and its administration thus greatly facilitated.

T. REDWOOD, Ph. D., F. R. C. S., &c.
Professor of Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain.

It

Friends, the year draws to a close—Let all who are in arrears for subscription, remit the amount at once.

THE SOUTHERN PRESBYTERIAN.—Edited by J. W. Woodrow D. D. and published in Columbia, S. C., at \$3.00 per annum, is one of the best religious newspapers on the continent. It is conducted with much ability, and contains both general and religious information.

BOOK NOTICE.

Transactions of the Mississippi State Medical Association—vol. IX. Being the eleventh annual session held at Jackson, Mississippi, April 1878, with the roll of members, and reports of medical topics.

This is a very neat and creditable work, of 167 pages. The address of B. A. Vaughn, M. D., President, devoted to Sanitary Science, etc., is able, instructive and interesting.

The Annual Oration by J. E. Halbert, M. D., presents an interesting resume of the history of medicine.

Then comes in succession, the following papers, some of which are decidedly able, and all of which will well repay perusal; to wit:

Salicylic Acid, by Dr Wirt Johnston; Treatment of Diphtheria, by Dr P F Whitehead; A Case of Criminal Poisoning with Arsenious Acid, by Dr S V D Hill; Case of Suppuration of Antrum Highmoreanum, by Dr J R Barnett; Syphilis in the Negro, as differing from the syphilis in the White Race, by Dr Wm Powell, Grenada; Hydrophobia, by Dr H J Ray; Posture in Treatment of Colic, by Dr D L Phares; Croupous Pneumonia, by Dr J W Holman; Malaria. What is it, how produced, and how prevented, by Dr Thos. Bryan; Chronic Catarrh, by Dr R G Wharton; Case of Poisoning by Hydrate Chloral and Camphor, by Dr H Hanslow; Chloral Hydrate in Obstetrics, by Dr J E Halbert; Wound of Plantar Arch, Treated by Compression, by Dr H Hanslow; Treatment of Cholera, by Dr B F Kittrell; Epidemic Cerebro-Spinal Meningitis, by Dr E W Hughes; Early Management of the Infant, by Dr J T Parker; Typhlitis, by Dr A H Cage; Surgical History of Mississippi, by Dr W W Hall; Report of Committee on Necrology.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND AT ITS 18th ANNUAL SESSION HELD AT BALTIMORE, APR. 1878.

A well gotten up volume of over 200 pages, containing the opening address of Dr. A. B. Arnold, on Homeopathy. A report of fifty-two successful cases of lithotomy, by Allen P. Smith, M. D. Apyretics and Antipyretics in Fever, by John S. Lynch, M. D.

CHLOROFORM IN OBSTETRICS, by P. C. Williams, M. D.

REPORT ON MATERIA, MEDICA AND CHEMISTRY, by J. E. Atkinson, M. D.

SPONTANEOUS GENERATION, by Prof. F. Donaldson M. D.

GENERAL PARALYSIS OF THE INSANE by J. D. Thompson, M. D.

REMOVAL OF NASO-PHARYNGEAL POLYPUS BY TEMPORARY DEPRESSION OF BOTH UPPER JAWS, by S. McLane Tiffany, M. D.

THE NEW TREATMENT OF GONORR, by John Van Bibber, M. D.

REPORT OF A CASE OF EXOPHTHALMUS, by Joseph A. White, M. D.

A CASE OF DOUBLE VAGINA, by A. F. Erich, M. D.

The above papers are in the main interesting and valuable; but we have not space for special mention of their merits.

POCKET THERAPEUTIC AND DOSE BOOK with classification and explanation of the action of medicines etc., by Morse Stewart Jr. B. A., M. D. Detroit, Mich. Price 50ct.

NOTES TAKEN FROM A LECTURE BY DR MANUEL DAGNINO, AT THE MEDICAL UNIVERSITY OF CARACAS, CAPITAL OF VENEZUELA ON THE TREATMENT OF YELLOW FEVER. Translated into English by Dr, Antonio De Tejada, of New York.

A SERIES OF AMERICAN CLINICAL LECTURES, EDITED BY R. C. SEQUIN, M. D.

OPERATION FOR CLOSURE OF CLEFT OF HARD AND SOFT PALATE. By A. Vanderveer, M. D., Professor of Principles and practice of Surgery, etc., New York. G. P. Putnam & Sons.

DIET AND HYGIENE IN DISEASES OF THE SKIN, by L. Duncan Bulkley A. M., M. D. Fellow of New York Academy of Medicine, Physician to the Skin Department, Demilt Dispensary New York etc, etc

ON THE USE OF THE SOLID RUBBER BANDAGE, IN THE TREATMENT OF ECZEMA AND THE ULCERS OF THE LEG, by L. Duncan Bulkley, A. M. M. D., etc.

These papers by Dr. Bulkley are highly interesting and instructive.

THE MALT PREPARATIONS.

The Malt preparations are coming into general use, and have proven exceedingly valuable to the profession. Samples from TROMER'S EXTRACT OF MALT Co., have been tested in our practice with gratifying results. The article manufactured by this enterprising and reliable company has been shown by analysis as well as by practical results to be fully equal to the best German make, while the variety and excellence of the combinations which they present are exceedingly useful and convenient to the practitioner. Three different combinations may be seen in their advertisements in this journal. We invite attention also to an article on this subject in our present number, read before a Medical Society.

MCKESON & ROBBINS, of New York, wholesale importers and exporters of drugs, announce that they received a medal for their exhibit at Paris.

They did not exhibit their Gelatine-Coated Pills for the reason that, they had already received highest medals both at Vienna and Philadelphia, and, as they desired to be known in their relations abroad, as exporters, as well as importers and manufacturing chemists, they confined their exhibits entirely to crude indigenous drugs and essential oils.

MESSRS. REED & CARNICK.

We invite attention to the new and interesting advertisement of Messrs. Reed & Carnick which commences with the present number. As Manufacturing Pharmacists they rank among the very best houses in America. We have been kindly promised a sample of their preparation of Maltine which we hope to test and report upon hereafter.

PARVULES.*

MINIMUM DOSES FOR CHILDREN AND OTHERS.

At the solicitation of our medical friends we have prepared this new class of preparations, denominated PARVULES to distinguish them from *Pills* and *Granules*. They are designed for the administration of medicines in minute doses for children, and for frequent repetition in case of adults. It is claimed by some practitioners that small doses given at short intervals exert a more curative effect.

THESE ARE NOT INTENDED TO SUPPLANT THE USE OF PILLS AND GRANULES.

Price, 40 Cents per Bottle of 100 each.

Pocket-cases furnished with 20 varieties, for the use of country practitioners.

<i>Parv. Acidi Arsenicosi</i>	(WARNER & CO.).....	1-100	gr.
<i>Parv. Acidi Salicylici</i>	"	1-10	"
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<i>Parv. Antimonii et Potass. Tart:</i>	"	1-100	"
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<i>Parv. Belladonnæ Fol:</i>	"	1-20	"
<i>Parv. Calomel:</i>	"	1-20	"
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<i>Parv. Ferri Redacti</i>	"	1-10	"
<i>Parv. Gelsemini Rad:</i>	"	1-50	"
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<i>Parv. Ipecac:</i>	"	1-50	"
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7 Octavo Pianos, \$179 | 9 Stop Organs, \$67
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MASON & HAMLIN ORGANS.

7 Stops, \$100 ————— 9 Stops \$108.

Stool and cover with Piano. Stool with Organs. Fifteen days trial. Written guarantee. Reduction to teachers, schools and churches. Send for catalogues, Special Offers Sept. 1, 1877, and circular exposing impositions of piano and organ trade, etc.

LUDDEN & BATES, Savannah, Ga.,
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Whisper You'll be Mine, Love.

In the prettiest song of the past ten years. Hear it once and love it forever. Thousands are singing it all over the Union. Ask your music dealer for it, or send 40 cents to the publishers,
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at factory wholesale rates. No mistake about this. Every instrument placed in a church or school is a standing advertisement for our house, and we are willing to supply them at manufacturer's wholesale rates. Send for latest offers to schools and churches.

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If not, why not? If so, remit \$1.25 subscription to the Southern Musical Journal, and get as a premium \$1 worth of Sheet Music of your own selection from the largest stock South, and also a premium ticket in the Grand Premium Drawing for a superb \$800 Piano, which will be presented to the first 1,000 subscribers received in 1878. \$12 dollars worth of choice music published in the Journal yearly. Music buyers can't afford to be without it. Try it one year, and you will want it for a lifetime. Specimen copy for 3 cent stamp. Published at **LUDDEN & BATES' Southern Music House, Savannah, Ga.**

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5 Oct. 2 Stops,
Only \$50.

Only \$55.

5 Oct. 9 Stops,
Only \$67.

5 Oct. 12 Stops,
Only \$80.

A good stool included. Best Organs sold in the U. S. for the money. Send for Special Offers, Oct. 1, 1877.
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PIANO & ORGAN WAR

over. **LUDDEN & BATES** hold the field and compete with the world. 1,000 superb instruments from reliable makers at factory rates. Every man his own agent. Bottom prices to all. New Pianos. \$185, \$150, \$179. New Organs, \$40, \$50, \$67. Six years guarantee. Fifteen days' trial. Maker's names on all instruments. Square dealing, the honest truth, and best bargains in the U. S. From \$50 to \$100 actually saved in buying from **LUDDEN & BATES' Southern Wholesale Piano and Organ Depot, Savannah, Ga.**

Important to Physicians

A great saving of valuable time may be made by using the

Physicians Day-Book and Ledger.

Which will exhibit at a glance, under date of occurrence, every visit made, the length of time consumed, whether day or night, and to which member of a family. It also includes

The Daily Cash Account and Obstetric Record of Great Value.

On application with stamp the publishers will send to any physician a full descriptive circular with specimen pages. Physicians who are using the books are delighted with them. The sales have been very large, and the eighth edition is now in press. Agents wanted.

HENRY BILL, PUBLISHING CO., Norwich, Conn.

A RARE CHANCE.

A practitioner, at a desirable location, doing a practice of \$4,000 per annum, wishing to retire from the Profession, offers for sale his stock of Drugs and affixtures, consisting of a well selected small stock; also his horse and buggy with household and kitchen furniture. He promises to remain for a time and introduce his patrons to the purchaser. For particulars address, Business Manager of the Record.

STATE UNIVERSITY OF MICHIGAN.

Department of Medicine and Surgery.

ANN ARBOR, MICHIGAN.

The Session of 1878-9 will commence October 1, 1878 and continue nine months. Women received on the same terms, and offered equal privileges with the men, but the instruction to them is given separately.

Four lectures are delivered to each class daily; sections of the classes are frequently met in reviews of the different subjects of the lectures by means of questions and familiar conferences; and Medical, Surgical and Ophthalmological Clinics are held twice a week at the College. Open to all students; while advanced Students are daily taught in sections, at the bed-side in the University Hospital.

Large Chemical, Anatomical and Physiological

LABORATORIES are, by the liberality of the State, amply supplied with the most approved apparatus, competent instructors, and all the facilities for practical work, open without additional fees, to all, each Student paying only for the materials actually consumed by himself.

FEES:

Matriculation fee paid but once on becoming a member of the University. Residents of Michigan, 0; non-residents of the State, \$25. Annual Dues: Residents of Michigan, \$20; non-residents of the State, \$25. Graduation Fee: For all alike, \$10.

For Circular giving full details, address

A. B. PALMER, M.D.,

Dean of the Faculty,

Ann Arbor, Michigan.

july '78 4f

TROMMER'S EXTRACT OF MALT.

The rapidly increasing demand for our Improved Extract of Malt, during the four years that it has been manufactured and offered to the Medical Profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity, and we positively assure the Profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made is obtained by carefully malting the very best quality of selected Toronto (Canada) Barley. The Extract is prepared by an improved process, which prevents injury to its properties or flavor by excess of heat. It REPRESENTS the SOLUBLE CONSTITUENTS of MALT and HOPS, namely: Malt Sugar, Dextrine, Diastase, Resin, and Bitter of Hops, Phosphates of Lime and Magnesia, and Alkaline Salts.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor:

Trommer Extract of Malt Company—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7; Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopoea, as given by Hager, that has been so generally received by the Profession, I find it to substantially agree with that article.

Yours truly,

SILAS H. DOUGLAS,

Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the Medical Profession as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of Malt than a pint of the best Ale or Porter, and, not having undergone fermentation, is absolutely free from Alcohol and Carbonic Acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ pounds of the Extract.

Our preparations of Malt are for sale by Druggists generally throughout the United States and Canada at the following prices:

Extract of Malt with Hops (Plain).....	\$1 00
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THE PRELIMINARY AUTUMNAL TERM for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

THE REGULAR SESSION will begin on Wednesday, October 2, 1878, and end about the 1st of March, 1879.

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ISAAC E. TAYLOR, M.D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.
JAMES R. WOOD, M.D., LL.D.,
Emeritus Professor of Surgery. FORDYCE BARKER, M.D.,
Prof. of Clinical Midwifery and Diseases of Women.

Austin Flint, M.D., Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. Van Buren, M.D., Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

Lewis A. Sayre, M.D., Professor of Orthopedic Surgery and Clinical Surgery.

Alexander B. Mott, M.D., Professor of Clinical and Operative Surgery.

William T. Lusk, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

William M. Polk, M.D., Professor of Materia Medica and Therapeutic, and Clinical Medicine.

Austin Flint, Jr., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

Joseph D. Bryant, M.D., Professor of General, Descriptive and Surgical Anatomy.

R. Ogden Dormeus, M.D., LL.D., Professor of Chemistry and Toxicology.

Edward G. Janeway, M.D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

Professors of Special Departments, Etc.

Henry D. Noyes, M.D., Professor of Ophthalmology and Otology.

John P. Gray, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.

Brakine Mason, M.D., Clinical Professor of Surgery.

Edwin L. Keyes, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

J. Lewis Smith, M.D., Clinical Professor of Diseases of Children.

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Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, } Including Clinical Lectures, }	\$140 00
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Fees for the Spring Session.

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Acid muriatic, C. P.....per lb	50	Mercury, blue pill.....per lb	75	Uterine sound.....2 00
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Alum.....per lb	10	Oil, olive.....per gal	1 50	Uterine tonianium, double.....3 00
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Arsenic, Donovan's sol.....per lb	40	Pepper, black.....per lb	25	Silver wire.....coil 1 00
Arsenic, Fowler's sol.....per lb	40	Pepper, powd. capsicum.....per lb	50	Uterine tents, sponge.....doz 3 00
Asafoetida.....per lb	45	Piperin.....per oz	1 25	Uterine tents, sea-tangle.....doz 3 00
Balsam copaiba.....per lb	45	Plaster, adhesive.....per yd	25	Hodge's passaries.....75
Berries, capseb, powd.....per	40	Plaster, isinglass.....per yd	75	Meigs' ring pessaries.....each 60
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ORIGINAL AND SELECTED.

PREPARATION OF PEPSIN AND THE GOOD TO BE OBTAINED FROM IT.

BY JOS. ADOLPHUS, M. D., OF GA.

In 1872 I read an interesting paper on the preparation of Pepsin, by an American author whose name I have unfortunately forgotten. The simplicity of the process, the way of obtaining the ferment according to the manipulations of this method, so impressed my attention as to fasten itself on my memory.

The process is so simple and easy of execution as to permit the whole thing being performed in a parlor, and is as follows:

The mucous coat of the calf's stomach is carefully stripped from its other attachments, and is finely chopped. It is then macerated in water, slightly acidulated with c. p. hydrochloric acid of sp. gr. 1.17, at a temperature of between

80 or 90 deg. for several days, during the time being frequently stirred, so as to wash out all the soluble pepsin from the gastric glands. The whole is then strained through muslin, and the residue pressed or squeezed with the hands to force out as much of the fluid from the magma as is possible.

The second step in the operation is to prepare a saturated solution of common salt in cold water, of which a quantity equal in bulk to the above solution is added to it, and the whole put aside and at rest for 24 or 48 hours. The pepsin will soon separate from the mother liquor and float on the fluid, from which it can be taken by a common spoon or perforated skimmer; it is then dried by pressing it between paper. Pepsin in this condition resembles plate paper and parchment. It is next dried in a cool, dry place, free from dust, and when well air dried, nine times its weight of good well dried sugar of milk is added, with which

it must be well and thoroughly triturated. Ten grains of this represent one of pepsin. I have found the pepsin immediately after its preparation, and before it is air dried, to be readily soluble in glycerine at temperature of the body in the proportion of 15 grs. to the third ounce.

I have twice prepared pepsin after this formula, which is much the cheapest yet that has come under my notice. If the sugar of milk triturate is kept in quantities of small bulk in well secured glass coppered bottles, it will in a dry climate keep for two years. In the South it will not keep six months, if the least exposed.

The author of this process, if I recollect aright, observed that one grain of this pepsin dissolved in a few ounces of water slightly acidulated with hydrochloric acid, will dissolve 500 grains of coagulated albumen. The glycerine process of obtaining pepsin is, to my mind, the best, but not as easy as the above. The only objections to be urged accuses the glycerine of taking up mucous and other impurities along with the pepsin. This however, is reduced to a minimum if the tissue is well washed in soft water so as to remove the mucous, which can be largely effected with care. I have frequently prepared pepsin after this manner, which is as follows:

The mucous coat of the calf's stomach, obtained in the same way as the other process, is well washed in clear, lukewarm soft water to free it from mucous. It is then well dried between cotton cloths, to abstract all superfluous water and moisture. After this it is chopped fine, and placed in a wide mouth, well fitting glass stopper bottle, and covered with pure glycerine at 1000 F.; then the stopper is carefully replaced so as to exclude the air and moisture. The bottle must be kept in a warm place and frequently shaken. Three days' maceration is long enough. The glycerine is then decanted, and the magma, which has been well pressed, is replaced in the bot-

tle, and half as much water as there was originally of glycerine, slightly acidulated with hydrochloric acid (about 3 drops to the fluid ounce) is poured on it and the bottle again placed in a warm place, and frequently shaken. Eight or ten hours are long enough for this last maceration. The fluid is decanted and the magma is pressed. After allowing time to settle, the fluid is carefully decanted from the dregs. The decanted fluid is then evaporated to one-fourth its bulk, and added to the glycerine first obtained. This will keep for several years. I have had as good results from it after three years as when first prepared. It should be kept in bottles of one or two ounce bulk, well stopped, so as to exclude the air.

If properly prepared, 10 drops of this will dissolve 250 grs. of coagulated albumen in water, slightly acidulated with hydrochloric acid.

Now for the use of Pepsin. Omitting dyspepsia and the long list of its kind in chronic affections, for the cure of which it has been so well applied, few have thought of turning its valuable properties to assistance of patients suffering from acute diseases, to weather the storm till convalescence comes around.

In acute diseases the safety of the patient, in a great measure, depends on the quantity and duration of resisting stamina the organic forces are able to present to breast the surging waves of the destroying process called disease. Comparatively brief indeed, is the time consumed by these acute diseases in making their march, but brief as it is, the whole organic life forces of the economy are being rapidly sapped in different ways, but notably in largely cutting off the supply of nutrition in different ways, and as a secondary result, the impairment of the integrity of the hytologic elements of those tissues which largely compose the organs most essential to life.

Not having the space to enlarge on this interesting topic, let us proceed to the practical facts,

In typhoid fever experience has taught me that the major percentage of deaths occur between the close of the second week and the middle of the third; just the time when inanition would tell the heaviest on the resisting forces of the economy. If we omit such accidents as hemorrhage, perforation and the like, which are few in comparison as a cause of death, in typhoid fever, with exhaustion, the case clearly presents the truth of my proposition.

I hold that it exercises its dynamic force on organic and constructive processes of the economy after it enters the blood; by this means it increases the dynamic forces of nutrition, and saves life by increasing the molecular energies between the nutritive juices and the elements of the tissues. There are abundant facts to prove this. Very frequently convalescence is defeated because the patient is too much exhausted to get well.

This spring I was asked by a medical friend to see with him an old man who was very ill with typhoid pneumonia. The main features of his case, aside from the lung trouble, was very great exhaustion. I suggested pepsin, and the wine of it, which was of recent make, and was proven good, was used. In 24 hours a decided change for the better was observed, which brightened every day till convalescence was completed.

Two years ago I attended a lady through an attack of pneumonia. Her recovery was very problematic, on account of the extreme debility she was in. As a last resort I gave her pepsin that I had prepared with glycerine. Immediate improvement, almost, was visible after the taking. A notable point in these cases is the increased demand for food these patients soon make after taking the pepsin.

It is evident to all straight thinking people, that anything which will increase the powers of nutrition and assimilation in people suffering from acute disease, will increase also their chances of recovering.

This line of reasoning and the practice founded on it, apply to sick children in a very pointed manner.

Appropriation of nutritive pabulum can alone fortify against the collapse of the life forces and the cessation of function.

In pneumonia the largest percentage of deaths occur during the latter part of the first week and the beginning of the second. Death takes place from heart debility.

Without stopping to investigate the remote causes of death in pneumonia, we simply enquire: will the intelligent administration of pepsin contribute anything toward retarding or removing the proximate cause of death? I think it does, and this too, on the single principles already alluded to.

When there is rapid destruction of tissue, the strain falls heaviest on those organs that are most used in carrying on the functions of life; among these prominently stand the heart and respiratory.

This fact points sharply to children, and explains why death in them so frequently commences at the heart and lungs. In point of fact, the major part of instances in which death is supposed to commence at the brain in children, is no more than defective blood supply to the brain, either in quantity, from heart feebleness, or in quality, from lung defectiveness.

The abdominal affections of children being attended by great emaciation and exhaustion, the value of pepsin to them cannot be well over estimated. The period of the disease in which it is proper to use pepsin is at the time, or immediately after, the disease has reached its height. In typhoid fever this is true; in pneumonia, seeing how rapidly heart failure comes on, the acme is reached no doubt very early, often on the 3d day.

The conditions that call for stimulants also call for pepsin. While stimulants can spur the naked and jaded energies into quicker movements, pepsin communicates to the molecular elements of the tissues a higher impulse, and awakens in

them a more exalted energy to take food and live.

The dose of pepsin in all acute diseases must necessarily be small, not to exceed one-eighth or one-fourth of a grain every two or three hours, and always in a weak solution of hydrochloric acid, which must be strictly chemically pure. It may be, though in an humble way, the principles and facts set forth in this paper are a new departure from the philosophy of the schools.

TURNING IN ARM PRESENTATIONS.

BY A. G. HOEBS, M. D., OF IND.

In September, 1877, I was called in haste to see Mrs. H., a muscular woman, in her second labor. Upon arriving at her bed I found she had been having regular and severe pains for several hours, but they had entirely ceased shortly before my arrival. After sitting about fifteen minutes, she still having no recurrence of pains, I made an examination and found the right hand in the vagina. Had I then followed the precept of our text books I would have proceeded to place my patient under chloroform, at least to the extent of analgesia, and then have introduced my hand into the uterus and brought down the left foot—in short I would have performed podalic version. But I determined to try an experiment, one that would at least not do any injury, if it did not accomplish my purpose. I directed her husband to stand at her feet and raise her limbs and buttox straight up, as in the reduction of hernia. I then had the advantage of gravitation, and by pushing back the arm with the fingers of my right hand in the vagina, and by external manipulations with my left, in less than five minutes the arm was pulled back into the uterus and the head substituted in its place in the superior straight. After a short time natural pains returned, and she was delivered of

a healthy boy within an hour after I entered the room.

In March, 1878, I was sent for in haste to see Mrs. A., who had then been in her third labor several hours, and on account of distance it was several hours more before I arrived at her bed. The "granny" remarked that the hand had been born for three hours, which upon examination I found to be true. Pains had ceased for two hours. With but little hopes of success in this case, I resolved to try my former method. Her husband raised her limbs, and the hand was at once drawn back within the vagina, and shortly afterwards within the uterus; then manipulating as before, I succeeded in bringing about a vertex presentation. Labor proceeded, and during the next hour she was safely delivered.

I attribute the success of this method, especially in this case, to the want of tonic contraction of the uterine walls, as the sequel proved, since she had considerable post-partem hemorrhage, which was soon checked by ergot and nuxvom., together with firm external pressure. My object in presenting these two cases is to remind obstetricians that other and less dangerous methods than "turning" will sometimes succeed. I do not claim that this method will always prove so successful; we should not expect it to do so when the walls of the uterus are firmly contracted, a condition of the uterus that we by no means always find when the pains have ceased and labor has been at a stand-still for hours. If we do not succeed by this method we have done no harm, and we can then resort to the *dernier*, "turning." I do not suppose that I have discovered any thing new in this method, but I am under the impression that it is not generally practiced.

DIARRHOEAS OF CHILDREN.

In over one-half of the cases of diarrhoea that have come under my care dur-

ing the last few years, pepsine has been the only medicine necessary; has been given after each movement, in 3 to 5 gr. doses, in milk, or in a mixture of glycerine. Dilute muriatic acid, cinnamon or winter-green water, or combined with bi-carb. sodæ, 2 grs., if there was much acidity of the secretions. If an astringent is necessary it may be added to the pepsine mixture. Generally 5 or 10 drops of the fl. ext. of blackberry root, or of the geranium maculatum, is sufficient for a dose. These astringents have seemed to me to be preferable to Kino, Catechu, etc.

The medicinal mist. rhei et sodæ has been used in about one-fourth of the cases where an astringent and alkali were needed. Generally but a few doses were needed when pepsine could be used.

Malarial diarrhœa is relieved by the inunction of 3 grs. of quinine twice or thrice a day till 12 grs. are used.

The hypodermic injection of 1-90 gr. of strychnia, p. r. n., in severe prostration, not otherwise amenable to treatment, is valuable.

One-drop doses of tr. or wine of ipecac, or a fraction of a drop of the fl. ext., or of ac. carbolic, given every hour, will ordinarily relieve the vomiting occurring with diarrhœas.

Aromatic spirits of ammonia seem to be a more reliable stimulant than alcohol.

Cod-liver oil, dialysed iron and the iodide of iron carefully given, after meals, beginning treatment with small doses, are serviceable in chronic diarrhœa.

Calomel, opiates, sedatives, or strong astringents were used in a small proportion of cases—less than one-eighth, and are seldom deemed necessary if the hygienic treatment can be carried out.

In closing this paper I may add that it was written as an outgrowth of a large experience in the treatment of diarrhœas; is a contribution of personal experience only, the result of what seems to me to be a better and more rational method of

treatment than I was instructed in, in my college days. Certainly it has been attended in my hands by a larger proportion of recoveries than by old methods. The record of individual cases must be postponed to another time.—*Dr. Walker, in Soc. County of Kings.*

MICROSCOPICAL OBSERVATIONS IN YELLOW FEVER.

BY J. B. MARVIN, M. D.,

Professor of Chemistry and Microscopy, Hospital Medical College; President of Microscopical Society, Louisville, Ky.

The literature of yellow fever is very voluminous, but our knowledge of the pathological anatomy of the disease is very meager. I believe by calling to our aid chemistry and the microscope most valuable additions will be made to our knowledge of the disease. While resident physician at the Louisville, Yellow Fever Hospital I improved my opportunity by making frequent and extended chemical and microscopical examinations. I present you to night a brief summary of my work as far as I have finished. I present you bare facts, illustrating my remarks with mounted specimens. I offer no theories or deductions from my work, believing that our knowledge of this disease will be best advanced by a careful and conscientious record of facts instead of vagaries and theoretical hypotheses.

The Breath.—Pure glycerine was smeared in the center of a clean new glass slide, and held an inch or two from the nostrils or mouth of the patient. After a few minutes' exposure to the breath the slide was examined under the microscope. Large quantities of very active vibrios were revealed; they were of the short, dotted variety. There were also found roundish, oval, moving bodies, probably bacteria.

The Blood.—A drop of blood from the finger was received on a slide covered with thin glass, avoiding pressure, and examined. The corpuscles were more

or less jagged and crenated. In some severe cases there was a large increase in the number of white corpuscles. Scattered among the corpuscles were small oval and rod-shaped bodies, yellowish in color, and quite active in their movements. They were probably bacteria, but do not resemble vibrios or any form of bacteria that I am familiar with. More extended observations in this and other fevers must be made before attaching undue importance to the existence of these bodies in the blood and breath. The question naturally suggests itself whether these bodies are the cause or the result of this disease. I incline to the belief that they are the result. Every precaution was taken, in making these examinations of the breath and blood, to avoid contamination. The examinations were made with a Folles one-tenth inch immersion objective and a "B" ocular.

The Urine.—The points of interest in the urine were the constant presence of granular tube casts, renal epithelium, and granular matter, all more or less stained yellow with bile; the tube-casts in severe cases appearing as soon as the second day, more generally on the third or fourth day of the attack. In all cases there was an admixture of vesical epithelium. In some few cases there was a great abundance of vesical epithelium for a few days before the appearance of tube-casts or renal derivatives. The quantity of tube-casts may be small or very large. The severer the case, the greater the quantity of casts. Tube-casts are very valuable guides in the prognosis of the disease. As convalescence sets in, the casts generally disappear. In some cases, however, they continue in considerable quantity till after the patient is up and walking about.

The Vomit.—After the stomach had been emptied of food the vomit was glairy mucus and epithelium streaked with blood, bearing a striking resemblance to the sputum of pneumonia. Bile in greater or less quantity was generally present. Frequently pure blood was

vomited in large quantities, the ejection of blood frequently alternating and following black vomit. The coffee-ground or black vomit consists of blood more or less digested and broken down by the gastric juice and bile. There were large quantities of vibrios, an oval, not recognized growth, and frequently very large crystals of hæmatoidin.

The Liver.—The principal pathological changes are found in the liver. The color may be bright yellow, orange nutmeg, or normal. The organ is generally enlarged, the enlargement being very slight in some cases. It is very firm and tough. On section the hepatic cells are granular, frequently stained with bile, and have undergone almost complete fatty degeneration. There is generally an increase of the connective tissue and a consequent pressure upon and destruction of the cells. In one case, aged twenty-seven, not a drinker, who had suffered at intervals for two years with malarial fever, there was an enormous increase of the connective tissue visible to the eye, giving to the organ the appearance found in cirrhosis. On section all the appearance of cirrhosis were found, with marked fatty degeneration in parts, and in other places amyloid degeneration.

The Kidneys.—The kidneys are congested and in some cases considerably enlarged. On section there are found tubal and inter-tubal hemorrhages. The tubes are filled with granular matter and epithelium; in some parts the tubes are empty and completely denuded of epithelium. There is frequently fatty degeneration, slight in degree. In short, the kidneys present all the appearance of Bright's disease.

The Spleen.—The spleen presents no constant or marked deviation from health. In some cases, which gave history of previous malarial trouble, the organ was enlarged and pigmented. In other cases there was no enlargement or pigmentation.

The Stomach.—This organ does not

appear congested as stated in text-books. The mucous membrane is pale, and is not destroyed. In only one case was there any thickening of the membrane or enlargement of the rugæ. On section, the glands and villi are but slightly changed. The villi, especially their free extremities, contain blood. I am convinced that the changes stated to have been found in this organ are really post-mortem changes, due to the fact that examinations were not made until some hours after death. Post-mortem changes are very rapid, and the sooner an examination is made the better.

The Intestines.—The intestines generally present the same appearance as the stomach. In some cases there is marked congestion, and the villi present appearance of acute catarrh.

The Bladder.—In those cases where there is suppression of the urine for any length of time before death, the bladder is badly congested, the mucous membrane being purple in spots. In other cases there is no marked change. The gall bladder is full of bile, frequently greatly distended and badly congested.

The Lungs.—This organ presents no constant change. In several cases there was recent pleuritic adhesion; in one case there was severe pneumonia. In some cases the organ is completely collapsed. The color is generally dark and mottled; hemorrhagic spots are frequent.

The Heart.—The heart may be full or empty. In some cases there is marked fatty degeneration, the walls being pale and friable. Most generally the organ is normal. The pericardium always contains more or less reddish fluid, the amount varying from one to six ounces.

The Brain.—No lesions were found in the cerebrum, nor constant change at the base of the organ. In cases which had marked delirium, there was marked congestion and softening at the base. I have not finished my microscopic examination of this organ.—*Louisville Medical News.*

CONGENITAL MALFORMATION

BY L. G. HARDMAN, OF GA.

As the post mortem examination of this case reveals something that is not very common, it will be perhaps of some interest to your readers, and therefore I offer it for publication. I shall not, however, give in full the particulars of the case.

The case was an infant five days old, who had been operated upon for imperforate anus, but without success.

On the 8th day of July the infant died, and the examination revealed the following conditions: No communication between the jejunum and ilium; deficient rectum and double uterus. The jejunum terminated in a pouch, or cul-de-sac, and was joined to the ilium by connective tissue. The pouch was distended with milk which had not been vomited.

Passing down the bowels, I found nothing wrong until I came to the sigmoid fluxure, which terminated in a pouch a little below the promontory of the sacrum, and firmly adhered to it.

The next thing which attracted attention was a peculiar uterus. After examining, found it to be a double uterus, with only one fallopian tube to each, and passing off from the fundus in a straight line; or, in other words, the fundus of each terminated in a fallopian tube.

To give a more definite idea of this peculiar deformity, I will compare it to the hind legs of the frog, separated from the body at the lumbar region. The legs represent the fallopian tubes, and the toes the semibracted extremities of the same, while the sacrum and lumbar vertebra represent the body and cervix of the uterus as they are attached to each other.

Although malformations of this organ are not very rare, I do not find any thing of this kind on record.

We find in the old works of obstetrics great many malformations, such as double uterus, but quite different from

this specimen. It is said that the uterus in this malformation resembles that of some lower animal. Whether this be true or not I am not able to say. This case is, however, peculiar in the number of malformations in the same body—the other organs of the body being normal. I have this specimen in my office, and if any one feels interested, I will give them any information concerning it I can.

NEURALGIA AND OTHER DISORDERS CAUSED BY UTERINE DISEASE.

BY D. N. KINSMAN, M. D.,
Prof. of Practice of Medicine in Columbus Medical College, Columbus, Ohio.

CASE 1.—A., married, aged 30, mother of three children, eldest five years, the youngest died at 4½ months would at the time of taking these notes, have been 6 months old. The patient has suffered from dysmenorrhea ever since menstrual life begun.

Since the birth of her first child five years ago, the suffering at her catmenial periods has been much less, but she has had irregular attacks of pain and sickness occurring as the result of fatigue, emotion, exposure to cold, indigestion, etc.

She is pale, emaciated, nervous, and lives in constant apprehension of her "spells." Concerning these spells, they are introduced by pain and dragging in the pelvis and become constantly intensified. The pain then radiates to the bladder, causing dysuria, to the abdomen and stomach when there is cramping pain, into the hips and down the anterior cervical nerves. These pains continue increasing in severity for several hours; with the cramps in the stomach there is intense pain in the inter-scapular region of the spine. These attacks are sometimes sudden, rousing her from sleep. During these paroxysms the stomach can be felt to contract and be-

come hard as the result of the contracting of its coats.

This is accompanied with abundant eructations of an odorless gas succeeded by nausea and vomiting. The matters vomited, are first, the contents of the stomach, followed by mucus stained with bile, afterwards the drinks which are given will be rejected, with patches of grass green color, looking like pounded grass. When once this condition is established it seems to have little tendency to subside, and continues for weeks at a time. There is fever of low grade, gastric tenderness, dry tongue, and feeble pulse. The spinal column is tender along its whole extent. The head painful at the vertex and occiput—during the greatest severity of the attacks there is delirium, photophobia and intolerance of sound. This patient "has suffered many things of doctors, getting no better but rather worse." Was advised by the most eminent of those living in her region. She had been treated for gastritis, by means of blisters to the epigastrium, hydro-cyanic acid, morphia, bismuth, id omne genus; for spinal irritations for which the spine has been kept blistered, or raw with iodine, or pustulated with croton oil for weeks at a time; for trouble with the liver by mercurials to the extent of salivation; for dyspepsia, by bark, mineral acids, bismuth, pepsin, strychnia, all without avail. These "spells" were treated by means of opiates, of which drachm doses of laudanum repeated hourly were necessary, to this was added chloroform by inhalation, and I have given an ounce of the former and a pound of the latter in eight hours.

I never have witnessed more dreadful suffering than this poor woman suffered. Originally vivacious, cheerful and hopeful, she became despondent and full of apprehension for the future.

This case now detailed occurred twelve years ago, when special works on gynecology in English were not common as they are now. Scanzoni, Churchill and

Meigs were the only authorities at my command. At that time Thomas' first edition was published and gave light.

Upon examination the uterus was found excessively tender to the touch, or patulous, a string of mucus clear and glairy depending from it, tenderness in ovaries. The introduction of the probe caused intense pain both in the cervix and at the fundus; this enabled me to diagnose cervical and corporeal endometritis but caused a new attack for the patient which did not subside for more than a week.

Treatment adopted consisted of irrigations of hot water applied to uterus through the vagina, scarifications of the cervix uteri; and the swabbing of the uterine cavity with carbolic acid, full strength of the melted crystal—alternated with the use of iodine used in the same manner. Under this treatment patient recovered, and 18 months ago gave birth to a fourth child, since which there has been no return of former trouble. She can walk miles, has increased in flesh and is in as good health as ordinary women.

CASE 2.—Mrs. B., age 25, married for two years. Has been a sufferer from neuralgia for many years confined to the branches of trigeminus. Since puberty has suffered occasionally from dysmenorrhea of severe character, at other times there has been comparatively little suffering. Quantity of menstrual fluid judged to be normal, the pain occurs at the beginning of the epoch and subsides on second day. During the last year her suffering has taken an entirely different turn; no longer in the face, it has become located in the left hip and along the left sciatic nerve. There is an increase of suffering at each menstrual epoch, and there is slight leucorrhea in the intervals. There is a slight tenderness of the spinal column in the sacral and lower dorsal region, no points of tenderness in the course of the sciatic nerve. Under these circumstances as she had been long treated by means of

tonics, I deemed it proper to investigate the condition of the uterus.

Upon conjoined manipulation the body of uterus was found tender, and there is antelexion; the introduction of the sound, which was accomplished with no little difficulty, enabled me by gentle blows upon the upper portion of the uterine cavity to evoke the sciatic twinges in the hip as well as cause very decided evidences of trouble with the endometrium. The os uteri was exceedingly small and tortuous.

Treatment: dilution, by means of laminaria tents, with application of carbolic acid applied to the uterine cavity by means of a cotton swab.

Treatment was continued two months at intervals of a week, when she became pregnant, and further treatment was abandoned. She improved constantly from the first application. Since her pregnancy there has been no further trouble.

CASE 3.—Miss —, teacher, age 22. Has suffered from dysmenorrhea ever since puberty. Quantity scanty, pain during the whole of the menstrual period, intense pain over the region of the ovaries. During the inter-menstrual period, suffers continuously with pain in the cervix and occipital region of head, bowels constipated, appetite capricious. Uterine examination reveals tenderness of the whole womb. The probe with difficulty enters the os internum. There is but little leucorrhea. The treatment was introduced by using a laminaria tent. At the expiration of eight hours I was called in great haste to see her, because she was suffering great pain. I found her vomiting, pulse hard and frequent, tender over lower portion of the abdomen.

Attributing the disturbance to the tent I attempted to withdraw it, by the string attached, but found I was unable to do it, and that the uterus descended when I made traction. I then seized it with a strong pair of dressing forceps, supporting the lips of the cervix with my fingers, by making strong traction I

succeeded in withdrawing the tent. On examining the tent I found the portion in the cavity of the womb and that in the cavity of the cervix had both dilated to their full capacity, $\frac{1}{4}$ of an inch, while the portion surrounded by the os interum had been unable to overcome its tension and had remained constricted to a trifle over one twelfth of an inch, and the shoulder above this portion must have ruptured the constricting fibres in withdrawing it. There was a small escape of blood. The case was alarming, morphia was administered hypodermically, hot poultices were ordered to the abdomen; this treatment was continued with addition of aconite the second day. In ten days the disturbance subsided, the patient returned to her home, no further treatment being deemed advisable. I saw the patient three months after when she reported herself much better in every respect than she had ever been before, and expressed great gratitude to me for curing her.

It is needless for me to say that her thanks seemed almost mockery to me when I remembered how near she came to losing her life from the treatment, and how grateful I was that I was spared the mortification of adding her name to the list of those who have died from the use of the tent. The cure has remained permanent now three years. Why?

CASE 4.—May 6th, 1877. I was called to see Mrs. M., mother of three children. Health has been as good as the average until three months ago. In December 1876 she aborted, at what month not learned, from this she recovered fairly, since that time she has never menstruated. In February at a date now unknown she began to suffer pain in the stomach whenever she took food even the blandest. The pain began very soon after eating, and continued for some time when she would vomit and for a time have relief. The matters vomited would at times be merely tinged with blood, at others, at the close of the act of vomiting there would be an ounce

or more of fresh looking blood thrown up. She is not strikingly emaciated, on the other hand has a rather good color which shows she is fairly nourished notwithstanding the vomiting and hæmatemesis. There is no pain on pressure, there is no tumor to be felt, there is no positive evidence of stomachal disease to be derived from palpation. The bowels never discharge tarry and black stools, which shows little more blood escapes than is vomited. Keeping in mind a maxim long ago adopted by myself, never to neglect to examine the uterus in an obscure case in a woman, I next proceeded to do this. When I found this organ enlarged and showing every evidence of pregnancy. I then announced she was three months pregnant, and that another month would relieve her of her trouble when the uterus rose from the pelvic cavity. Time verified my prognosis for she was relieved of her vomiting in June and in October of her baby.

In the first case detailed, we have every symptom of gastritis of a severe type, and yet their frequent repetition ought to have excluded this disease, for on the subsidence of these after repeated acute attacks no symptoms of the chronic form of the disease remained which must inevitably have been the case had there been structural lesion of the membrane of the stomach. Indigestion which seemed to be the exciting cause of the distress in the stomach and vomiting, was a secondary phenomenon, and bore the same relation to the uterine disturbances that vomiting does to migraine, being secondary, a consequence of the central disturbance and not the cause, a fact first pointed out I think by Dr. Samuel Wilkes.

This relation would have been fairly inferred from the persistent nausea and vomiting lasting days and weeks without rise of temperature, and in spite of all treatment addressed to the condition of the stomach.

And yet the flatulence, vomiting suc-

ceeding the eating of food, the pain in the stomach and in the interscapular region of the spine, followed by epigastric tenderness, dry tongue, and feeble pulse and delirium, were sufficient for a long time to cloud the diagnosis in the minds of those who were not awake to the range of influence a diseased uterus might exert.

In the second case the mother of the patient had suffered years from chronic rheumatism, and undoubtedly the trouble in the trigeminus was of rheumatic character.

The patient was married, her new relation in some way had decided the localization of the trouble in the hip—or rather in the left sciatic nerve.

That the sciatica had a very intimate relation with the condition of the endometrium was shown in this case by the setting up of the neuralgia by the contact of the probe in the examination. In the case first detailed the relation of the uterus to the stomachal trouble was distinctly shown in the attack which followed immediately upon the examination of the cavity of the uterus with the probe. And this immediate relation of the uterus when it can be made out by an examination, is one of the strongest possible points in making a diagnosis.

Case four, places in the very strongest light the necessity of a complete and thorough examination of the generative organs in a female, whose case is involved in any obscurity. This patient had been seen by six physicians besides myself, all of whom with one exception had come to the conclusion there was gastric ulcer.

This physician suspected there might be pregnancy but made no examination, and he treated the case as one of gastric ulcer. The recent abortion, the non-return of menstruation subsequently seemed to exclude the possibility of pregnancy, and all symptoms seemed to indicate gastric ulcer. When this case was described to the Columbus Pathological

Society, suppressing the fact developed by vaginal examination, it was thought to be gastric ulcer.

Case third exemplifies the most common manifestation of pain as the reflex of uterine disease. This is almost always present and showed direct attention to the uterus. The uneasiness in the cervix may be simply a burning or an intense bursting pain, and it is increased by anything which increases the uterine disturbance.

This case also illustrates how suddenly threatening symptoms may arise from the use of tents, and the caution with which they should be used.

In my treatment of uterine diseases I have used for the last ten years carbolic acid crystals, liquified by heat, as a local application, both to the cervix and fundus. It is a local anæsthetic and is an antidote thus to its own action, in a short time after its application all pain ceases. It is as powerful as *argenti nitrat*, is less painful, and there is no tendency to contraction of the parts, such as is constantly seen upon the use of the nitrate. This process of contraction hides the diseased part—and I have known many cases discharged cured, who in a few weeks returned as bad as ever. Latterly I have used fuming nitric acid, as recommended by Athill and others, by a method made known to me by my friend Dr. N. R. Coleman, of Columbus, which I find possesses many advantages over any method I have hitherto used.

A piece of white wax smoothed down to the requisite size to enter the cervical cavity and given the proper curve, is dipped into the acid; a sufficient quantity adheres, for the purpose to which it is to be applied. The wax bougie is grasped with a pair of dressing forceps and passed into the cervix; applied in this manner there is no excess of acid to run over adjacent parts, while there is enough to act as a caustic or alterant as you please to term it.—*Obstetric Gazette*.

THE TREATMENT OF ULCERS WITH A SATURATED SOLUTION OF CHLORATE OF POTASSIUM.

BY T. M. ROCHESTER, M. D.

I wish to call attention to the treatment of ulcers, ulcerations, and suppurating wounds and sores in general, by the use of a saturated solution of chlorate of potassium. I have said suppurating sores in general, and so it will be found beneficial in all of these; but it is especially useful in that particular class of old, unhealthy, indolent ulcers which are one of the opprobria of our art. Let me describe briefly my plan of treatment in one of these cases.

Suppose, for example, a patient comes with an old, indolent ulcer on the leg, which is the most frequent situation. The sore is foul, unhealthy in appearance, and ill-smelling. The limb is usually much swollen, granulation is at a stand-still, the ulcer may even be phagedenic, and the discharge is thin, sanious and offensive. As a rule, the patient has the sore covered with some salve or ointment, and the limb is either bandaged tightly or strapped with adhesive plaster.

In a case of this kind I immediately remove all bandages and constrictions, and direct that they shall not be again applied. The ulcer is then carefully and gently washed with warm water, after which it is ordered to be gently douched five or six times a day with a saturated solution of chlorate of potassium; my usual prescription is: Take of pot. chloratis, 2 drachms; aquæ puræ, one pint. The best method of doing this is to fill a sponge with the solution, and then slowly press it out, holding it within an inch or two of the sore. After the ulcer has been quite freely douched, a thin layer of the unguentum zinci oxidi should be spread around the edges. It is then to be completely covered with a piece of oiled lint, kept in place by a bandage

applied as loosely as possible. The douching should be repeated, at first, five or six times daily; the zinc ointment need not be used more than twice in the twenty-four hours. At the end of two or three days the ulcer will begin to assume a healthy appearance, and commence to granulate nicely. When this improvement is noticed, the number of douchings should be decreased—otherwise the granulations will become pale and flabby. As the sore fills up and begins to heal over around the edges, the zinc ointment should be increased, so as to cover the new skin. This serves to protect and strengthen it. So, too, it is well to continue its use for a few days after the ulcer has completely skinned over.

Such, in brief, is my mode of dealing with these cases; and it is with the keenest satisfaction that I have watched case after case of unhealthy, indolent, varicose or specific ulcerations, which have defied one treatment after another, and worn out the patience of physician and patient alike, take on a healthy appearance after two or three days of this treatment, and thence proceed rapidly to a complete recovery. During the past fifteen months I have seen and treated by this plan between ninety and one hundred cases, and in no single instance have failed to see immediate and continued improvement, and, when they could be kept track of, complete healing in from one to six weeks.

This number of cases embraces not only the ordinary indolent ulcers, but also syphilitic, varicose, and one case which I believe was carcinomatous in its character.

Several of my cases had had scraping and skin-grafting tried in vain. Where they were syphilitic, constitutional treatment had been and was used alone without effect; but rapid healing immediately took place when the douching with the saturated solution of chlorate of potassium was combined with it.

There is another point that is worth

mentioning, and that is, that this douching is entirely painless after a few applications. It may smart a little the first or second time, but even then it is so slight as not to be taken into consideration. Now, to mention a few cases, as it would only be tedious to give them all. The following are fair samples of the whole, as they are taken entirely at random and not selected at all, with the exception of the first, which is a very marked example of the efficacy of this treatment.

CASE.—C. K., male, aged 29, was sent to the hospital to have the leg amputated at the middle third of the thigh, as a last resort. Had an ulcer three inches by one and a half on the external, lateral aspect of the leg. The limb was swollen to twice the natural size, and gangrenous in appearance as far as the lower third of the thigh. The discharge from the ulcer was thin, sanious and very fetid. There was no history of syphilis, either congenital or acquired. Had been getting gradually worse for over a year, although he had tried almost every thing, and seen a number of physicians in regard to it. He walked with great pain and difficulty. The solution of chlorate of potassium was used, and by the third day a decided improvement was noticed. The swelling of the leg had decreased, and the ulcer began to granulate nicely. At this time he had an attack of delirium tremens, which lasted four or five days; but notwithstanding this shock to the nervous system, the leg continued to improve *visibly* from day to day. At the end of four weeks the limb was of the normal size and appearance, the ulcer healthy, and about as large as a three cent piece. The patient could walk without any inconvenience, and insisted on leaving the hospital, to fill the position of organist in a Catholic church, although strongly advised not to. He returned after a week or two with the leg slightly swollen, and the ulcer about the size of a silver quarter. The treatment was resum-

ed, and he was discharged cured in ten days.

CASE.—A. G., female, aged 30. Syphilitic. Large deep ulcer on the posterior aspect of leg. Discharge excessively foul and unhealthy. Had tried specific treatment alone in vain. Leg healed nicely in about five weeks, under the combined use of constitutional and the chlorate of potassium treatment.

CASE.—M. W., female, aged 65, syphilitic. An extremely large and deep ulcer, covering nearly the whole of the posterior and external lateral aspects of the leg. Discharge excessively fetid. Rapid and continued improvement for several weeks, under the combined constitutional and chlorate of potassium treatment. Lost sight of before complete healing took place.

CASE.—J. H., male, aged 66. Several small but troublesome ulcers along the crest of the tibia. Had been troubled for months. Probably due to a previous injury of the knee-joint. Healed completely in ten days by this treatment.

CASE.—P. M., male, aged 38. Varicose ulcer of leg. Had been troubled for over a year. Healed completely in one week.

CASE.—O. H., male, aged 46. Small indolent ulcer of the leg of many months' standing. Healed in one week.

CASE.—C. K., female, aged 40. Large indolent ulcer of the leg of over a year's standing. Rapid and continued improvement for two weeks. Was then lost sight of.

CASE.—P. N., male, aged 38. Troubled with a large varicose ulcer for several years. Healed completely in three weeks.

CASE.—S. T., female, aged 10. Simple but unhealthy-looking ulcer of several weeks' duration. Healed in one week.

CASE.—M. C., female, aged 40. Varicose ulcer of several years' standing. Healed in four weeks.

CASE.—F. F., male, aged 19. Two

large, ragged, deep and unhealthy looking sores on the right leg, and a similar one on the left. Discharge excessively fetid. Looked as though gangrene had set in. Healed completely in three weeks.

CASE.—M. M., female, aged 40. Large indolent ulcer of the leg of several years' standing. Healed in five weeks.

CASE.—L. C., male, aged 41. Troubled for years with an indolent ulcer of the leg. Had tried almost everything—amongst other means, skin-grafting—but without benefit. Healed in two weeks.

And so I might go on, and enumerate case after case; but I think the above are sufficient to prove the efficacy of this plan of treatment. I wish, however, to quote one case, as showing the advantage in the use of the saturated solution of chlorate of potassium in recent injuries when the suppuration is profuse.

CASE.—H. B., male, aged 28, of fine muscular development. Received a penetrating lacerated wound of the arm, which severed the brachial artery. The hemorrhage was controlled by acu-presure both above and below the wound. On the removal of the needles a large slough came away, and the suppuration was excessive and very exhausting. The solution of chlorate of potassium was used, the excessive flow of pus was checked, the fetor arising from it allayed, and the patient rapidly convalesced.

One word as regards the mode of operation of chlorate of potash thus used. I do not know that I am right, but my theory is as follows:

1st. Its astringent properties cause it to repress exuberant granulations, or to stimulate their growth when they are absent or ill-formed.

2d. As an antiphlogistic it moderates the inflammatory action.

3d. And this I regard as the most important: as an antiseptic it destroys and prevents the growth of bacteria.

This threefold action, I believe, meets all the indications for the local treatment

of this troublesome class of affections. In conclusion, let me say that this use of chlorate of potassium is not my own discovery, but was suggested to me while *interne* at the Monroe County Hospital, by the attending physician, Dr. Azel Backus, of Rochester, who has used this treatment successfully in his practice for years.—*Society County of Kings.*

COMPOUND COMMINUTED FRACTURE INTO THE ANKLE JOINT; IRRIGATION WITH ALCOHOLIC SOLUTION OF COAL TAR; RAPID RECOVERY.

Samuel M—, aged twenty-four, of unsteady habits, whilst riding in a state of intoxication, on the shaft of a trolley loaded with two hundred weight of piping, was thrown upon the ground in consequence of the wheel rolling off the kerb-stone. The left wheel passed over his right foot from heel to ankle. On admission, (March 30, 1878), there was a longitudinal wound two inches in length in front of the ankle, opening into the joint, from which blood was oozing pretty freely. The ligaments in front of the joint were torn across, so that the articular surfaces, bare and comminuted, could be felt through the wound. The fibula was fractured a little above the malleolus, and the tibia was obliquely fractured, the articular surfaces being to a great extent separated and comminuted, although the inner malleolus remained continuous with the shaft and its ligamentous attachments to the bones of the foot were intact. There was no displacement of the foot. Irrigation was employed in the following manner:

The limb having been laid on its outer side, flexed at the knee and kept in position by sand bags, a gutter-percha dish, with a spout for the purpose of carrying off the liquid, was placed beneath the foot, and a tin containing the fluid for irrigation was hung above the

limb. The fluid employed was an alcoholic solution of coal-tar, one part of the solution to sixty of water. The "drip" action was secured by several worsted threads tied to a piece of metal at the bottom of the tin, and brought over the edge so as to hang directly over the wound. A piece of linen, wet with the lotion, was laid upon the wound, with its ends cut so as to carry off the lotion into the dish beneath the foot.

On the second day after the injury a dusky redness of the skin, with œdema, extended up to the knee, and the foot was very much swollen and inflamed; but the edges of the wound looked quiet, and its surface was covered with coagulable lymph and unaltered blood. The morning temperature was 99 degrees, the evening 100·2 degrees, and the patient said he was comfortable.

The inflammatory œdema of the leg completely subsided in four days, and that of the foot in a week. The temperature on the fifth day was 100·8 deg., on the sixth 99·4 deg., and after that it

varied from 99 deg. to 88·4 deg. The pulse never rose above 58. In fact, there was no constitutional disturbance.

The coagulable lymph which filled up the gaping wound and averted its edges remained hard and glazed until the seventh day, when granulations began to sprout from its surface, and were soon covered with laudable pus.

On the seventh day a slough below the external malleolus was incised, and on the twenty-first day a large slough of the injured skin separated below the internal malleolus. On 19th of April (three weeks after the accident) the drip was discontinued, and the wounds, now quite superficial and covered with healthy granulations, were dressed with resin ointment. On the 4th of May he became an out-patient, and had then some power of flexing and extending the ankle, which promised a full and free action of the joint in no long time. *London Lancet.*

ABSTRACTS AND GLEANINGS.

DERMALGIA, ETC., FROM QUININE.

BY HENRY M. FIELD, M.D.

Professor of Therapeutics at Dartmouth.

I have had within the year a case which well illustrates certain observations of Dr. Lente in the last number of the *Medical Record*. A young married lady, recently from Indiana, summoned me for a severe attack of "chills and fever." She told me almost at first she could not take quinine; that her father—giving the name of an Indianapolis physician, whom I knew by reputation—had despaired of using it in her case. She said, further, that it *poisoned* her; "it is as if every drop of blood and

every tingling nerve were in my skin." There was great heat, œdema, in some places, especially in face and hands, great increase of cutaneous sensitiveness; all followed in a few days by desquamation of the cuticle. With these accidents were associated more or less of gastric disturbance, and, upon one occasion, violent and repeated vomiting, headache, and delirium.

Altogether, the suffering was so great, she said she preferred the "chills and fever." That her father had no resources for her except the imperfect and slowly acting arsenic and strychnia.

As my patient was intelligent, I related to her the course I had pursued in several similar previous cases, and proposed it for herself. It consisted in

giving quinine in greatly lessened doses. She accepted my proposition, but evidently with fear and reluctance. Four to five grains sulphate quinine for the twenty-four hours acted with full therapeutic power, but still produced a light attack of the skin disease—enough to suggest alarming results should the usual one to three gramme doses be prescribed. She made a satisfactory recovery.

The course suggested is, I am satisfied, so far as one can be from a limited experience, the right course to pursue in these cases of idiosyncrasy.

The exceptional—even the abnormal—action of a remedy may be of valuable assistance to us in interpreting the laws and the phenomena of its usual physiological action. For that reason, such cases as that detailed may have an especial interest for us. We are not to suppose that the quinine, in this its extraordinary influence, is excreted from the skin, as some writers have taught. There is no sufficient evidence of this.

On the other hand, I believe—as I have tried to show in my monograph on certain salts of quinine about to be published by the Vermont Medical Society—that the main action of the great remedy is exerted upon the sympathetic, and not upon the cerebro-spinal system of nerves. I think no one can attentively study Briquet's treatise without coming to the conclusion that such was his opinion, though it be not anywhere expressed in words. I cannot do more here than express this fact of my belief—although it involves many important considerations—that the dermalgia, urticaria, œdema, etc., which sometimes result from what should not only act as a medicinal dose, serve to illustrate and enforce it.

Then, again, quinine makes a signal impression upon the vaso-motor system, as well of the cutaneous surface as of the nerve-centres—an impression which involves facts of great importance both in physiology and therapeutics. It has its

own appropriate influence upon the heart, the arteries, and the capillaries and arterioles. With this in view, it is not strange that a departure from its normal working should bring discomfort or disaster to the skin.

Then, finally, quinine has a special action upon the skin as truly as arsenic has, but not of such significance of course, and thus far insufficiently studied. I am satisfied certain remedial resources await investigation in this direction. The praise which Mr. Erastus Wilson accords to quinia for its power to cure that neurosis of the skin known as *pruritus*, and Mr. Spender's success with it in *pruritus ani* will serve to illustrate this statement.—*N. Y. Med. Record.*

COMPARISON OF OPIUM, BELLADONNA AND ACONITE.

Mr. Jules Simon establishes the following comparison between opium, belladonna and aconite:

1. In regard to their action on the alimentary canal, opium causes thirst, dryness without acrimony, want of appetite, nausea, vomiting, constipation; belladonna, thirst, dryness with acrimony, nausea, vomiting, and diarrhœa; aconite, dryness, sensations of pricking, and burning of the tongue, salivation in full doses, vomiting, and diarrhœa.

2. In regard to their action on the circulation, opium acts as a stimulant, causes diminution of pressure, though it is sometimes without action, and in large doses causes acceleration of the pulse and collapse. Belladonna acts as a sedative, lowers the strength, retards the frequency of the pulse, and produces a febrile state of the system. Aconite acts as a sedative, diminishes the arterial tension, renders the face pallid, retards the frequency of the pulse, and stops the heart in diastole.

3. In regard to the respiration, opium allays dyspnœa, when present, by diminishing the bronchial secretions; in large doses it causes collapse. Bella-

donna calms down excited respiration, diminishes secretion, and in large doses renders respiration spasmodic and irregular. Aconite retards respiration by its direct action on the nerves.

4. In regard to their action in febrile states, opium augments the cutaneous secretions, and produces general malaise, erythema, and eruptions. Belladonna produces neither sweating nor general discomfort, raises the temperature, and sometimes causes scarlatina-like eruptions. Aconite lowers the temperature.

5. In regard to their actions on the secretions, opium diminishes the quantity of urine, and, in fact, diminishes the secretions generally. Belladonna causes augmentation of the renal secretion, with diminution of the bronchial secretion. Aconite causes increase of the urinary secretion, but diminishes the bronchial secretion.

6. In regard to their action on the nervous system, opium acts chiefly on the cerebro-spinal system, belladonna on the cerebro-spinal system, and aconite on the spinal cord. Opium causes somnolence, sleep, intoxication, vertigo, muscular debility, diminution of common sensibility, contraction of the pupil, diminution of the activity and vigor of reflex actions. Belladonna causes sleeplessness, gay or furious delirium, hallucinations, muscular agitation, diminution of the sensibility of the face, dilated pupils, and remarkable diminution of the reflex acts. Aconite leaves the intellectual faculties intact, but causes muscular torpor, anæsthesia, hallucination of the senses, diminution of reflex actions, and produces slight dilatation of the pupil.
London Lancet.

iodoform FOR SYPHILITIC SORES.

Mr. Berkely Hill has used iodoform as a dry powder, brushed lightly over the surface with a moistened camel-hair pencil, for three years. During the last few months he has often substituted for

the dry powder an ethereal solution, one part of iodoform in six or eight of ether. The sore is touched or dabbed with a pencil dipped in the ethereal solution, according to its size and depth, lightly or copiously. The ether quickly evaporates, leaving a thin pellicle of iodoform, that as effectually stays the spread, and produces healing of chancres, as does the more copiously applied dry powder. Thus the surface is covered more exactly, and the disagreeable smell of the iodoform is too faint to attract attention. The sore is well washed with water and dried before the iodoform is applied, and the surface is lastly protected by a bit of dry lint. When the secretion is abundant, the dressing must be renewed twice daily, but in three or four days the amount of discharge becomes so scant that one dressing per diem suffices. In this way Mr. Hill finds venereal sores heal quickly. Pain subsides at once; the sore is well in a week or ten days, and the chances of consecutive inoculation or bubo greatly lessened. (The Doctor.)—*Practitioner.*

TREATMENT OF TINEA FAVOSA.—Dr. Viger reports two cases of tinea favosa that were cured by external applications of the oil de cade. In both cases almost the entire head was covered with thick coats of favus. The local treatment was as follows: The head was washed morning and evening with soap and water, after which it was ointed with oil of cade, and then covered with a cap of oiled silk in a such a manner as to prevent the admission of air.—Internally, cod-liver oil and a nourishing diet were prescribed. Under this treatment the crusts rapidly disappeared, and both the patients were discharged cured, after two months treatment. One of these cases was treated eighteen months ago, and the other six months ago, and the other six months ago, and neither of them have as yet shown any symptoms of a relapse.—*L'annee Med.*, April.

ON THE USE OF CALCIUM CHLORIDE IN THE TREATMENT OF PHTHISIS, TABES MESENTERICA, CHRONIC DIARRHOEA, ETC.

Dr. Mellersh says: Attention has been called to the use of calcium chloride in certain forms of disease, but especially to its use in tabes mesenterica. The remedy was formerly much used, but had fallen into disuse. As it is now again on trial in this country and in Europe, perhaps the notes of a few cases in which it has been used may not be uninteresting, especially as these cases seem to warrant an extended trial of its virtues.

E. M., a girl of thirteen years, a strumous subject, has been suffering for two years with chronic diarrhoea and tumid abdomen; both lungs are tuberculous, the apices being largely involved; she was reduced to almost the last degree of emaciation. Has been under the usual treatment of cod-liver oil, tincture of bark, syrup of the iodide of iron, with milk diet, etc. She was not able to leave the bed.

After taking the calcium chloride the diarrhoea stopped, and there was a decided improvement, so much so that in the course of two weeks she was able to walk to the dispensary, a distance of six blocks.

In a number of phthisis pulmonalis cases, both in and out of the hospital, the remedy has appeared to act beneficially, and in several cases the patients have asked for the remedy after it had been discontinued.

In a case of typhoid fever, under Dr. J. S. Cohen's charge, after other remedies had failed the calcium chloride relieved the diarrhoea at once.

In some of the chronic and acute diarrhoeas of children it has appeared to me to be very salutary in its effects, and I shall be glad to hear the results of more extended trials in this direction.

The cheapness and innoxious charac-

ter of the drug also recommend it, especially in dispensary practice; the solution is the best given in thirty-drop doses, in milk, for an adult. For children it may substitute the stereotyped aqua calcis and milk, or it may be given in emulsion with cod-liver oil.—*Medical and Surgical Reporter*.

TUBERCULAR ULCER OF THE TONGUE.

M. Nedopil, in the *Archiv. für Klinische Chirurgie*, remarks that the diagnosis of secondary tubercular ulcer of the tongue is generally not difficult in the presence of other indications of tuberculosis. On the other hand, primary tubercular ulcer can often be scarcely distinguished from cancer unless a microscopic examination be made; while the failure of anti-syphilitic treatment, distinguishes it from syphilitic ulcer, which often has a similar appearance. The tubercular ulcer of the tongue runs a course resembling that of cancer. A small hard nodule on the edge or upper surface of the tongue, which is often overlooked, at last falls off, and leaves a dirty ulcer, with an indurated base, which generally spreads more slowly than a cancerous ulcer. A cure can be produced only by early extirpation, which, perhaps, may arrest the development of general tuberculosis. The author has observed four cases in Bilioth's clinic; two of the individuals were thirty-two years of age, the others sixty eight and seventy. In three cases the ulcer was extirpated, and healing took place in a few days. In the excised pieces the tissue around the ulcer was studded with miliary tubercles, mostly toward the free surface. The morbid process appears to commence with a general transformation of the muscular tissue into a homogenous slightly granular deposit containing preforming muscle-nuclei. Later, the primary deposits become confluent, and giant cells are formed from the obstructed portions of the blood-vessels; in some of

these Nedodil found cavities filled with brown pigment. The growth of the tubercle appears to take place partly through proliferation of nuclei (without cell formation) in the interior, partly through metamorphosis of the neighboring tissue.—*The Doctor*.

TARTARIZED ANTIMONY.—Tartarized antimony is a valuable agent which has fallen greatly into disuse of late years. Administered in small doses its action is most marked and beneficent. Apart from its catalytic effect in the blood, it acts as a sedative, diaphoretic and expectorant. To produce its true power, it must, according to Lænnec, be absorbed into the blood, and this can only be brought about by the administration of minimum doses. Its efficacy in small doses, as an adjunct to purgative remedies, through its power of relaxing the muscular fibre of the intestines, is very generally known. At one time tartarized antimony entered into the composition of every febrifuge and expectorant mixture, but owing to its being prescribed in too large portions, and consequently producing great vital depression, it lost character as a medical agent. This loss of character was, perhaps, also partly due to the great revulsion that has taken place in the practice of medicine in the last quarter of a century. The abandonment of tartarized antimony we conceive to be a very great error. We prescribe it daily, in very small doses, with the happiest results, and believe, when properly given, it possesses special merits. In disregarding its use the profession, in our judgment, has lost one of its most useful remedies.—*Trans. A. M. Ass.*

REMOVAL OF MOLES.—The acid nitrate of mercury is recommended as effectual for the removal of moles. It should be applied with a splinter of wood in small quantity for a few seconds, carefully avoiding the sound skin. There is no pain of consequence, and the mole shrivels away and drops off in a few days.

TREATMENT OF NÆVUS BY SODIUM ETHYLATE.

Sodium ethylate, which was first obtained and used by Dr. Brunton in 1871, is prepared by adding the metal sodium, piece by piece, to some absolute alcohol in a wide-mouthed bottle; cautious addition of more sodium until effervescence ceases results in the deposition of a crystalline substance— C_2H_5NaO —at the bottom of the flask.

The credit of bringing this substance and other alcoholic and ethylic derivatives before notice was due to Dr. Richardson, who, in a communication on the subject to Dr. Brunton, writes: "When it is brought into contact with water it is decomposed, the sodium becoming oxidised by the oxygen of the water to form sodium hydrate, and the hydrogen of the water going to reconstitute the common or ethylic alcohol. The change of ethylic alcohol into sodium alcohol transforms it from an irritant to a caustic. Laid on dry parts of the body, the sodium ethylate is comparatively inert, creating no more change than the redness and tingling caused by common alcohol; but as soon as the part to which the substance is applied gives up a little water, the transformation described above occurs, caustic soda is produced in contact with the skin in proportion as water is eliminated, and there proceeds a gradual destruction of tissues, which may be moderated so as hardly to be perceptible, or may be so intensified as to act almost like a cutting instrument." Speaking of the practical uses of sodium and potassium alcohols, the same writer says that he does not yet see the means of applying them internally, but predicts for them a very extended application for external purposes, they being most potent caustics, *e. g.* for the destruction and removal of malignant growths beyond the reach of the knife by application to the surface, or by subcutaneous injection into the growths. Applied direct to the unbroken skin, their destructive action

is less painful than would be expected, and when pain is felt it may be checked quickly by dropping on the part a little chloroform, which decomposes the alcohol, converting it into a chloride salt and ether.—*Louisville Med. News.*

SPINAL CURVATURES.

Dr. Macleod tried other substances besides plaster of Paris, such as paraffin, glue, starch. Glue did pretty well, but was not equal to plaster; while paraffin did not do well, and was dirty to handle. He also pointed out that instead of Sayre's suspension apparatus, it was easy to improvise with a room door an arrangement that would serve the purpose. As regarded abscesses, which sometimes occurred in Pott's disease, Sayre, who did not believe in antiseptic surgery, opened them freely, and cleansed out the abscess with Peruvian balsam (an antiseptic). Dr. Macleod then demonstrated minutely the further treatment for abscesses. He also showed by means of a model that, as proved by Sayre, in what was usually called lateral curvature, there was a rotation of the bodies of the vertebræ upon themselves. On this account he (Sayre) had substituted the term "Rotary Lateral" for lateral, as being descriptive of the exact state of matters. In regard to this kind of curvature, all the ordinary kinds of apparatus went on the wrong principle, and did harm. The object was to get back muscular tone, and this was done by exercising the muscles which had lost their energy. Mere lateral pressure would do no good at all. The spine must be straightened by self-suspension several times daily, for months at a time. The hand on the concave side should be held uppermost. After a considerable experience of these cases of curvature, he had no hesitation in saying that Sayre's treatment of them was very far in advance of any former methods of treatment which he had tried.—*Glasgow Medical Journal.*

EPITHELIOMA.—Dr. Duhring, in the Pennsylvania Hospital, remarked:

Epithelioma, as a rule, was found on older persons. The affection belonged to the flat or superficial variety of epithelioma, and the treatment appropriate to the case was cauterization by means of caustic potassa. The knife was not called for in this instance. The solid stick of potassa fusa was then applied, going slowly over every portion of the diseased structure, and allowing the influence of the caustic to penetrate a little below and beyond the diseased tissue in every direction. It was not necessary, Dr. D. said, to use any pressure or force, but the caustic should be brought most carefully in contact with every particle of the growth, lest recurrence should take place, and a second operation be required. When the action of the caustic had gone far enough, it was limited and checked by the application of dilute acetic acid. The pain of the operation was quite sharp and severe, but ceased almost immediately upon the application of the acetic acid. The patient was directed to dress the part simply with lint soaked in olive oil; the dressing to be removed twice daily and the wound cleansed.—*Med. and Surg. Reporter.*

The Ointment of Nitrate of Silver is a new thing in pharmacy. When nitrate of silver is attempted to be mixed with lard or most organic bodies it is decomposed, and the ointment turns black in color. The property of vaseline not being decomposed by nitrate of silver was discovered by a French physician, who desired to use it in ophthalmic practice. He found it inalterable, and wrote to Mr. E. Fougere announcing his discovery. I have succeeded in making an ointment containing one part of the powdered crystalized nitrate of silver to two parts of vaseline. Suppositories of nitrate of silver for urethral and uterine diseases can be made with paraffine and vaseline as a base.—*Drug Cir.*

INTESTINAL GAS—FLATULENT DYSPEPSIA.—Dr. Eads (in Sc. Med. Jour.) in a case of the above character "prescribed tinct. Colocynth gtt. x., water ℥iv.; gave a teaspoonful every three or four hours until relieved. Next day found my patient perfectly free from pain, no wind in stomach or bowels—the first permanent relief obtained for two months. The treatment was continued for a few days only, the patient thinking herself well, discontinued it. In a short time the flatulency returned, but not as severe as before. Ordered the above prescription to be taken whenever there is any gas in the stomach or bowels. Pregnancy was now in the eighth month. Hoping there would be no further trouble after confinement, that time was looked for with great interest.

January 10th, 1878, delivered patient of a fine 8-lb. male child; recovery after confinement good, even better than was expected; considerable trouble the first three weeks with intestinal gas, but relieved every time with colocynth. When the babe was about three weeks old it began to suffer very much like the mother with an accumulation of intestinal gas. Colocynth gtt. ij, water ℥ij., a teaspoonful three times a day, gave prompt relief. Now nine months since, mother and child both well. I believe colocynth to be a specific in the above condition."

IPECAC.—The effects of ipecac on the economy are very similar to those of antimony, save that it does not act on the blood, and therefore can not be ranked as an antiphlogistic. As a neurotic, diaphoretic and expectorant, its power is unmistakable. Its influence on the mucous membrane, in minute doses, is most interesting. We have seen cases of persistent vomiting, which had continued for days, arrested by small quantities of this drug, all other means having failed. Very large doses of ipecac have been suggested recently in dysentery, and its use in this way, if we are to believe the

journals, has been very successful. We have had no personal experience in this matter, but we can readily understand in what manner nauseating or emetic doses of ipecacuanha might, by their relaxing effect on the whole system, influence the rectum itself. Small quantities of ipecac, in combination with opium, have almost a specific action in dysentery, particularly if they follow the administration of a saline aperient. In no form is the potency of small doses of ipecac so apparent as in the troche or lozenge, where its specific action on the mucous surface of the throat and bronchi, becomes at once evident.—*Id.*

OVARIOTOMY SUPERSEDED.—A proposal has been brought before the Paris Academy of Sciences by M. Tripiet to establish a fistula between the cavity of an ovarian sac and the exterior. He has tried it in one case with success. The interior of the sac can in this way be washed out or treated with iodine injections or cauterised. He has used injections of iodised water daily. The galvano-caustic is used to establish the fistula. This operation is less formidable than ovariectomy, and can be easily carried out, but, of course, is not devoid of danger, but it may be applicable in cases where gastrotomy is refused or inapplicable. With regard to injections, they should not be too strong. We may point out that death from poisoning by iodine has been recorded where the drug was injected. This operation may be compared with electrolysis for ovarian dropsy.—*The Doctor.*

UREA FORMATION.—Prof. Gamgee, of Owen's College Manchester, has recently published an account of some new experiments to determine the seat of the urea formation in the body. The result is, the experiments have demonstrated that the liver is the principal if not the only organ of the body concerned in urea formation.—*Lancet and Clinic.*

THE TREATMENT OF DIARRHŒA BY OXIDE OF ZINC.—Dr. Jacquier has followed, in the service of Dr. Bonamy at Nantes, the good effect of the employment of oxide of zinc in diarrhœa. The formula which he has employed is the following: Oxide of zinc, 10 grains; bicarbonate of soda, $7\frac{1}{2}$ grains; in four packets, one to be taken every six hours. In all the cases which he observed, oxide of zinc produced rapid cure of diarrhœa. In fourteen cases observed by Pupgautier, the cure was even more rapid, since in only one case were three doses of the medicine required. The results are considered to have been more satisfactory, inasmuch as in several cases the malady had endured from one to many months, and other methods of treatment had not produced any improvement. Thus he concludes that, although by no means to be held as exclusive treatment, the employment of oxide of zinc deserves to be more generally known as useful in diarrhœa.—*British Med. Journal*, Sept. 28, 1878.

FIBROID TUMORS OF THE UTERUS TREATED BY SCLEROTIC ACID.—Dr. John Williams reports two cases of uterine fibroid treated by sclerotic acid. This acid dissolves readily in water, and in so far differs from ergotine. One of the cases was that of a woman aged 34, who had suffered from severe flooding for some time. A fibroid tumor was detected, and half-grain doses of the acid were injected under the skin of the abdomen twice a week. The flooding was much reduced, but returned during a temporary discontinuance of the treatment. When the injections were again commenced, the flooding was checked as before. The tumor was reduced in size. Like results were attained in a similar case, including a decrease in the size of the tumor. The injection caused a little pain at the time, but that was all. It was followed in about half an hour by uterine contractions.—*The British Med. Jour.*, May 18th.

NURSING SORE MOUTH as seen in patients who seem well in other respects; is generally an index of lowered vitality—sometimes in inflammation, the result of local nutritive disturbances of reflex origin; the irritation being mammary. In the ptyalism of pregnancy we see an instance of the same etiological kind. Stomatitis materna takes the form of acute or chronic aural catarrh, also aphthous and ulcerative stomatitis. It is sometimes very obstinate and intractable. Weaning the child always brings about a speedy cure. It is generally, however, amenable to treatment of a simple nature. Where, from lowered vitality, a tonic regimen—as quinine, porter, iron and cod-liver oil—is required, there are two preparations of the latter in the market which I find almost equally serviceable—Scott's Emulsion and Phillips's. Many, however, can take Phillips's oil that cannot take Scott's. Phillips's oil is borne by the most delicate stomachs. I consider this preparation invaluable for nursing women whose nutrition is below par.—*N. Y. Med. Rec.*

DEATH FROM CHLORFORM.—T. Hughes, M. D., in *London Lancet* of November 2d, says: If I were about to be placed under the influence of chloroform, I would say, "Never mind my pulse, never mind my heart; leave my pupil to itself. Keep your eye on my breathing; and if it becomes embarrassed to a grave extent, take an artery forceps and pull my tongue well out." It was the observance of this simple yet all-important rule that enabled the late Mr. Syne to say that he never lost a single case from chloroform, although he gave it in five thousand cases. Prof. Lister has done much to enforce this rule of practice, and to him is due the credit of pointing out the *modus operandi* of this proceeding. He was the first, as I am aware, who explained that its action is not mechanical, but is exerted chiefly through the nervous system.—*Louisville Med. News*.

TREATMENT OF PITYRIASIS VERSICOLOR.—Prof. Hardy treats this affection with sulphur-baths, or frictions, several times a day, with the following ointment, *R.* Axung. $\frac{3}{4}$ i., sulphur, 5 ss.; acidi nitrici, gtt. x. m. Internally he gives mineral waters if the case be a severe one, and follows them up with Fowler's or Pearson's solution of arsenic, in doses progressively increasing from three to ten drops. The drops are taken before each meal in a glass of wine and water.

Dr. Besnier, of the Hopital Saint Louis, Paris, gives the preference to sublimate baths, or, where these cannot be used, to frictions with a soap containing pumice-stone, followed by lotions with a solution of corrosive sublimate, gr. iv. to $\frac{3}{4}$ iv. distilled water. Where it is not considered safe to leave so poisonous a mixture in the hands of the patient, Dr. Besnier substitutes the following simple treatment: Lotions with soft soap, followed by three applications of an ointment containing 3ss. of Turpeth mineral to the ounce of lard. In one of his patients, whose entire chest and back were covered with the patches of pityriasis, a cure was produced by two lotions and only two frictions.—*Lyon Med.*, May 5th.

ACETIC ACID INJECTIONS IN CARCINOMA.—Acetic acid, used subcutaneously, in cancer, is by no means a novelty; but does not deserve to be forgotten. It has been revived of late by Dr. T. Gies, who states, in the *Zeitschrift für Chirurgie*, that he effected marked improvement in a case of cancer seated on the ramus of the lower jaw, which had returned after operation, and had attained the size of a fowl's egg, by the injection of acetic acid in the proportion of one part of the acid to three of water. The tumor speedily underwent reduction of size, and was ultimately no larger than a hazel nut. The same patient had a second tumor, of the size of an egg, beneath the ear, which almost entirely dis-

appeared in the course of twenty-one days, after twenty-five injections of strong acetic acid. In a woman, again, who had a carcinoma of the size of a pigeon's egg, in the left mammary gland, ten injections effected its removal, in great part, in the course of a month, reducing it to the size of a hazel nut.

TREATMENT OF INTERTRIGO IN CHILDREN.—Dr. Wertheimber recommends the external use of a solution of corrosive sublimate (gr. i. to $\frac{3}{4}$ iijss. water) for the intertrigo of children, and asserts that it is the most effective of all the remedies recommended for that affection. The affected spots are covered with peices of lint soaked in the solution. Sometimes it is sufficient to keep these compresses on for an hour at a time, three or four times a day. The curative action is very rapid, the redness and exudation often disappearing in 24 to 36 hours. General symptoms, due to the absorption of the drug, have never been observed by Dr. Wertheimber; the danger of absorption is not great, as the applications do not, as a rule, need to be continued more than a few days. When the improvement is pretty well advanced, dyachylon ointment may be substituted for the solution.—*Berliner klin. Wochenschrift*, No. 15.

SULPHUROUS ACID FOR ABSCESSSES.—At a recent meeting of the Clinical Society of London, Mr. Osman Vincent described a method by which he had opened eighteen lumbar abscesses without a fatal result. The abscess was first opened and then injected with a solution of equal parts of sulphurous acid and water, after which a poultice was put on. Next day the injection was renewed and some tenax applied. The treatment went on till the cavity healed up. The injection sometimes gave pain. Sometimes the fluid returned clear, and at other times black. When sulphurous acid was injected, it acted upon the pyogenic membrane, and then pus did not reform.

TREATMENT OF SORE NIPPLES.--- Dr. Haussman, of Berlin, recommends very highly the use of lotions containing five per cent, of carbolic acid, in the treatment of erosions of the nipples. He claims that the carbolic acid not only cauterizes superficially the eroded spot, but that it penetrates into the openings of the smallest lymph-vessels which have been laid open by the erosion, and destroys at once any parasitic germs or infectious organic substances that have been conveyed to the nipple by the mouth of the child or the hands of the physicians or nurse, or of the woman herself. In so doing it prevents the development of almost all inflammations of the mamary gland itself. Of course the nipple must be carefully cleansed every time the child is put to the breast.—*Centralblatt für Gynak.*, No. 10.

PYROGALLIC ACID IN PSORIASIS.--- New Remedies: We have already in our July number, upon page 208, given a resume of some experiments made with pyrogalllic acid as a substitute for chrysophanic acid in psoriasis. The author, Dr. A. Jarisch, now reports his complete success in the treatment of this affection by the agent indicated. At first he used an ointment containing twenty per cent of pyrogalllic acid. This was, however, found to produce exoriations. Hence he has reduced the ointment as ordinarily used to the strength of ten per cent. If spread on muslin, and then applied, it must be still further diluted; otherwise it acts as an irritant. Aqueous solutions should contain about one per cent. Pyrogalllic acts not as rapidly as chrysophanic acid, but it is equally certain in its results.—*Louisville Med. News*.

LIQUOR SANTAL FLAVA CUM BUCHU ET CUBEBA.---This preparation appears likely to become a favorite prescription in cases of gonorrhœa and gleet. It contains three remedies of proved utility in these diseases, the santal oil especially having a very extraordi-

nary power to arrest certain cases of gleet. Experience has shown this preparation to possess the same efficacy as the santal oil itself. It mixes perfectly with water and has a taste by no means disagreeable, in which particular it contrasts very favorably with the ordinary mixtures it is intended to replace.—*Lancet and Clinic*.

CODEIA FOR CANCER OF STOMACH.--- Dr. Austin Flint says: With reference to treatment, it is merely palliative. Pain in this instance is a symptom to be palliated; so also is the vomiting. I should say prescribing for the patient as now presented, that some form of opium is indicated. I prefer to use codeia, for the reason that it is much less liable to produce disagreeable after-effects than are some of the other preparations of opium. I should recommend, therefore, that this man take $\frac{1}{4}$ of a grain of codeia twice a day.

EVIDENCES are accumulating in favor of nitrite of amyl as a prompt and valuable cardiac stimulant in cases where a quick action is needed. Unfortunately, however, too many physicians are afraid of this useful preparation, notwithstanding it has never done any harm, even when inhaled in half-drachm and drachm doses.—*Louisville Med. News*.

CHLOROFORM NARCOSIS.--- N. Y. Medical Record: Wachsmuth, of Berlin, asserts that much of the danger from the administration of chloroform may be averted by adding to it twenty per cent of oil of turpentine, which, he says, stimulates the lungs, and thus protects them against the great enemy of chloroform narcosis—pulmonary paralysis.—*Louisville Med. News*

Dr. S. Ringer says, "in ulceration and sloughing of the cornea, lead washes must be avoided, lest a white compound become deposited in the structures of the ulcer, leaving a permanent opacity."

PANCREATIC FLUID.

The pancreatic liquid, according to Th. Defresne, contains three distinct ferments, of which *myopsin* dissolves albumen *amylopsin* saccharifies starch, and *steapsin* decomposes fats.

Myopsin forms garnet-colored shining scales, which are soluble in water, the solution being coagulated by heat; it digests 104 times its weight of albumen, but does not affect starch or fat.

Steapsin, when dry, is in translucent shining scales, which are soluble in water. It has no action on starch, but decomposes 24 times its weight of fat. It is precipitated and rendered inactive by acetic acid.

After washing and drying, *amylopsin* forms lemon-yellow shining scales, which saccharify 25 times their own weight of starch, are soluble in water, the solution being precipitated by alcohol and strong acetic acid, and coagulated by heat.—*Rep. de Phar.*, June, 244-246.

OVARIAN DYSPEPSIA.—Dr. Milner Fothergill describes a form of dyspepsia combined with leucorrhœa, and commonly too with menorrhagia, which depended upon morbid conditions of one or both ovaries. Experiment has shown that irritation of the sympathetic nerves of the stomach produces contraction of the gastric arterioles and defective secretion of gastric juice. In aggravated cases, there was vomiting of a reflex character, as seen in the early months of pregnancy and in calculus of the kidney. This form of dyspepsia was very intractable, unless its casual relationship were remembered and borne in mind in the treatment. Blisters over the ovary with bromide of potassium, and sulphate of magnesia internally, were more effective than bismuth and hydrocyanic acid.—*Med. Ex. (London)*, Nov. 1, 1878.

Iodoform is given in doses of from 5 to 10 centigrammes ($\frac{1}{4}$ to $1\frac{1}{2}$ grain) three or four times daily, in solution of ether,

in powder, or in pills. For ointment, one part of iodoform is mixed with eight or ten parts of fat at the temperature of a water bath. Rubbed to a fine powder, it is used for sprinkling and dressing varicose ulcers, cancerous and syphilitic ulcers, anal fissure, etc. Mixed with lycepodium, it is used for insufflation in vagina, and for sprinkling in the vulvitis of children.

BI. CARB. OF SODA.—In acid or flatulent dyspepsia, nothing has been found so useful, at least as a palliative, as a half or one teaspoonful of the bi. carb. of soda. For heartburn it gives immediate relief. The opinion of some that it injures the coats of the stomach is a mistake. The writer knows a man who for twenty years has been taking it daily for acid dyspepsia. Of late he has been in jail. The confinement seemed to increase the acid condition of his stomach; so that he is taking a half pound of soda per week, and yet he has gained in flesh since his imprisonment. It is only in cases where there is no acid on the stomach, that soda proves injurious, and not then perhaps by any caustic effect upon the mucous coat, but rather by overcharging the secretions of the system with an alkaline element. The excess is usually thrown off by the kidneys, otherwise may surcharge the other secretions. In two cases we have known it to irritate the eyes by affecting the lacrymal secretion, causing a smarting and constant tendency to bat them.

VULVAR PRURITUS.—M. Marius Key recommends the glycerole of cade as a local application in the treatment of pruritus of the vulva. The formula he employs is one drachm of oil of cade to half an ounce of glycerole of starch. In combination with it he uses tonics, hip-baths and emollient injections, to which laudanum is freely added. He has only tried this treatment in one really rebellious case, but that time with success.—*Gaz. Med. de Paris*.

Practical Notes and Formulae.

G. L. Glazener M. D. of Greenville, S. C., writes:

Editor Medical Record:

DEAR SIR:—In the treatment of slight wounds, cuts, abrasions, and on surfaces where the integument has been lost, and cannot well be replaced even by surgical operation. I know of nothing in my practice that has done so much good as the *Balsam of Fir*.

The article I use has been invariably obtained from the Balsam or Blue mountains of Western North Carolina. I usually make a plaster and cover the wound, and let it alone for four or six days, and generally have the pleasure of finding the wound healed. Generally there is no inflammatory condition, but if there should be these balsam plasters do not prevent the use of cold water applications. Last year a little boy 10 years old was brought into my office with the entire posterior surface of the right hand removed by some of the machinery in Comperdown mills—the skin being entirely removed. After working all the blood away, I drew the parts as best I could towards each other with adhesive strips, and then covered with a plaster of Balsam Fir. No other dressing was ordered, the boy was not confined, but went at will, and on the 9th day I removed the dressing and found nearly the entire large surface healed by granulation. I put on another and less plaster, and in a few days he returned into the mills to his work.

Shortly after this I was called to see a child bitten by a dog. I found a three inch gash over the left eye—the wound gaping wide. I closed with three stitches and adhesive strips, and placed a plaster as above over these. Four days after I removed the stitches and found the gash entirely healed. A few

strips were placed across to prevent accidental tearing, no appearance left except a long close cicatrix. These are only a few of the many cases in which I have used the Balsam of Fir. I have never found wounds dressed in this way to emit any bad odors, and old sores on legs will assume a healthier appearance.

TREATMENT OF DYSPEPSIA.

The following is the treatment adopted at the Demilt Dispensary, New York, as described by Dr. D. Lewis, in the *New York Medical Journal*:

℞. Pulv. rhei.,	ʒj
Sodæ bicarb.,	ʒiiss
Ol. menth. vir.,	gtts. iv
Aquæ,	ʒiv. M.

SIG.—A tablespoonful before meal.

This alkaline mixture probably owes its efficacy to its stimulating action upon the gastric glands—a property of alkalies which has been amply demonstrated by many experimenters. When an additional laxative was necessary, a compound rhubarb pill was ordered at bedtime, or, what is preferable in many cases, the pill of aloes, belladonna, and strychnia—

℞. Ext. aloes,	grs. ijss
Ext. belladonnæ,	
Ext. nucis vom., aa	gr. ½. M.

SIG.—One at bedtime.

In contrast with the above case are those patients who are anæmic, and complain of the symptoms common to that condition—loss of appetite, palpitation of the heart, intercostal neuralgia and headache. In some instances this condition is a natural sequence of prolonged dyspepsia, but is more commonly dependent upon other causes, such as bad hygiene, overwork, or malarial in-

fluences. Tonic treatment is here indicated, and the following prescription is usually effective:

R. Quinise sulph., gr. xij
Tr. ferri chloridi, ʒiijss
Aque, ʒiv. M.

SIG.—A teaspoonful in a wineglass of cold water, half an hour after meals.

An aloes and belladonna pill is occasionally required at bedtime.

Plasters have been often prescribed for intercostal neuralgia in these cases. Notwithstanding the prejudice against their use, experience here has proved them to be a valuable adjuvant in the treatment.

The belladonna plaster (4x6) is the one most frequently ordered, and next in order the capsicum plaster (same size), as now kept by druggists. A pitch-plaster, with chloral hydrate sprinkled over its surface, was tried in several cases, but proved inferior to either of the others.

When there was irritability of the stomach (probably gastritis), with nausea and vomiting, a bismuth mixture was often ordered—

R. Bismuth, subnit., ʒiv
Acid. nitric. dil., ʒiij
Tr. nucis vom., ʒjss
Aq. menth. pip., ʒiv. M.

SIG.—A teaspoonful after meals. Shake well before using.

Since it has been pretty clearly demonstrated that bismuth acts mechanically by adhering to the mucous coat of the stomach, it is evident that a large dose should be administered. But the very large doses given by Lusanne, Menneret, and others (who gave ʒj per diem), no doubt hinder the excretion of gastric juice, thereby causing the cachetic symptoms which those observers found to follow its prolonged use.

CHLORAL HYDRATE LOCALLY APPLIED IN TETANUS.—Dr. Bigelow reports in the Practitioner a case of tetanus, caused by a rusty nail penetrating the foot, which was relieved in less than

twenty minutes by introducing chloral hydrat. ʒ i into the wound after it had been enlarged by incision.—*Ohio Med. Recorder.*

IMPOTENCE AND SPERMATORRHEA.

Treatment of Impotence and Spermatorrhœa. Dr Beard in addition to electricity, employs the following:

Internal treatment consisted in the use of gelsemium, bromide of camphor, ergotin, and lupulin. Gelsemium alone was of more value than was usually supposed. A pill made up somewhat as follows might be used:

R Gelsemium..... ½ gr.
Bromide camphor..... 1 ½ grs.
Ergotin and lupulin aa..... ½ gr.

He sometimes used bromide of zinc and valerianate of zinc combined, aa gr. i., given in the form of pill, and gradually increasing the dose.

CHLORMAL.—Dr. G. B. Sanford recommends in the N. Y. *Medical Record* the following combination as safer and more satisfactory than chloroform uncombined.

R. Squibbs chloroform..... 1 pound
Nitrite of amyl..... 2 drachms

It is advised that the nitrite of amyl be diminished in long and tedious operations, and, if it be found necessary to vary the proportions, the point aimed at being to use just sufficient to counteract the paralytic effect of the chloroform.

The *Druggist Circular* gives the following as a cheap paint for rough woodwork or fences: Six pounds of melted pitch, one pint of linseed oil, and one pound of brick dust or yellow ochre. It is excellent and will stand for years.

Iodoformised Cod Liver Oil.—Dissolve one part of iodoform in 200 of cod liver oil, and add 0.5 of oil of ainseed. The dose is a tablespoonful twice or thrice daily in phthisis, glandular affections, and scrofula.

URTICARIA, OR NETTLE RASH.

Urticaria is usually the result of gastric disturbance from indulgence in rich and overseasoned articles of diet, and will commonly disappear after the use of a purgative and the regulation of the diet. For the intolerable itching that sometimes attends this disease, preventing sleep at night, a dose of quinine will be found useful. As a local application brandy or whiskey will usually give prompt relief.

BLUE BLACK WRITING INK.

B. Aleppo galls, bruised.....oz. jx	(290	00)
Bruised cloves.....dr. ij	(8	00)
Cold water.....oz lxxx	(2460	00)
Sulphate of iron.....oz. viij	(256	00)
Sulphuric acid.....m lxx	(4	50)
Indigo paste.....dr. jv	(16	00)

Place the galls with the cloves in a gallon bottle, pour upon them the water, and digest, shaking often for a fortnight. Press and filter through paper into another gallon bottle. Next put in the sulphate of iron, dissolve it, add the acid and shake briskly. Lastly, add the indigo, mix well and filter through paper. The ink is to be kept in well corked bottles. The writing is at first pale green but it soon turns to deep jet black. It is not copying, but may be rendered such by the addition of sugar or glycerine.—*Druggists' Circular*.

PRESCRIPTION FOR AMENORRHOEA.—

In amenorrhœa from anæmia and chlorosis:

R. Pulv. Ferri. Sulphat., Potass. Carb. Puræ, aa ʒij; Mucil. Tragacanthi, q. s.; M.—Ft. in pill no xlviij.

S. To be given daily, in doses gradually increasing until three pills are taken after each meal.—*Hosp. Gazette*.

Antirheumatic Pills (Knoll).—Iodoform, reduced iron, each 3 grammes (46½ grains); purified liquorice juice, enough to make 60 pills, to be sprinkled with lycopodium. Two to be taken three times daily.

BITTERS.

Wormwood.....	6	drachms.
Gentian root.....	12	"
Angelica root.....	1½	"
Galangal root.....	2½	"
Ginger.....	2½	"
Cinnamon.....	4	"
Cloves.....	45	grains.
Orange buds.....	20	drachms.
Oil lemon.....	25	drops.
Oil star anise.....	20	"
Oil cassia.....	30	"

To one gallon of whiskey.

Dose, one tablespoonful.

TO KEEP FLIES FROM OPEN SORES ON DOMESTIC ANIMALS.

Oil wormwood.....	6	drops.
Olive oil.....	12	drachms.
Carbolic acid.....	8	drops.

Apply to the sores.

OINTMENT FOR TETTA.

Beeswax.....	6	drachms.
Lard.....	2	ounces.
Carbolic acid.....	45	drops.

Add—

Peruvian balsam.....	½	drachm.
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Mix.

Spread very thin.

FOR FROSTED FEET AND HANDS.

Almond oil.....	½	ounce.
Beeswax.....	½	drachm.
Spermaceti.....	1	"
Peruvian balsam.....	½	ounce.
Conc. muriatic acid.....	45	drops.

CATARRH SNUFF.

(Does not provoke sneezing)

Tannin.....	15	grains.
Powdered rose leaves.....	25	drachms.
Sugar.....	25	"

Mix.

PIMPLE CERATE.

Tannin.....	75	grains.
Bitter almond water..	1½	drachms.
Precipitated sulphur....	1	drachm.
Lard.....	2	ounces.

Mix.

—*Druggists Circular*.

SCIENTIFIC ITEMS.

DRAPER'S SCIENTIFIC MEMOIRS.

The name of Dr. John Draper will hold a place in the history of American scientific investigation with those of Franklin, Rumford and Henry. For forty years past he has been a constant and devoted student of physical phenomena, and he has just gathered into a single volume (published by the Harpers) those of his scientific papers which deal with the subject of radiant energy. It is an octave of nearly 500 pages, and is entitled "Scientific Memoirs: Being Experimental Contributions to a Knowledge of Radiant Energy." It was for his work in this field that the American Academy of Science awarded him the Rumford Medal in 1875. Even to those not unfamiliar with Dr. Draper's position as an investigator, the book will give new ideas of the immense amount of original work he has done. It would take a long article merely to enumerate the instances in which he has been either the first or among the first in the great discoveries of a period remarkable for scientific progress, or in the application of these discoveries to practical purposes. He was the first on this side of the Atlantic to follow up Fraunhofer's study of the solar spectrum by finding new lines and showing that they could be photographed. In like manner he carried the work of Daguerre further than the Frenchman had dreamed of doing, by taking the first photographic portrait of a living subject. He was also the first to obtain a photograph of the moon, which Daguerre had attempted in vain. He showed that the decomposition of carbonic acid by plants was accomplished by the yellow rays of light, and not, as had been supposed, by the violet. He also disproved the current notions as to the distribution of heat

and chemical energy in the spectrum by showing that all the colored spaces were equally warm, and that every ray, and not the violet alone, can produce chemical effects. These are but a few out of the many important researches of Dr. Draper, hitherto accessible only in files of the higher scientific journals, or in the transactions of learned societies, but now collected in this interesting volume and brought within the reach of every student.—*Journal of Chemistry.*

EDISON.

Edison, the great inventor, has a laboratory in which he is constantly engaged in scientific experiments. He has many now in progress—"The action of chemicals upon various substances or upon each other, or the phenomena of substances subjected to the various forces at command. Strips of ivory, for instance, in a certain oil in six weeks become transparent. A globule of mercury in water, then with a little potassium added, takes various shapes for the opposite poles of the battery, retires coquettishly or is attracted, forms in whirlpools, changes color, or becomes immobile. There is no use at once for these results, but they are recorded in voluminous note-books. When the proper time comes they are borne in mind; some one of them may form the connecting link in the chain of an invaluable discovery. Then perhaps he tests for the thousandth time his carbon telephone for new perfections, and then goes on carrying forward a step each of the works in progress, or becomes wholly engrossed, according to his mood, in one."

EVOLUTION.—Dr. Koegel assures the world of anthropologists that he has seen and examined men with tails in the Sunda Islands, specially among the Djaks and in the Moluccas.

Editorial and Miscellaneous.

✂ All communications relating to the business of THE RECORD for the years 1877 and 1878, must be addressed DR. R. C. WORD, Managing Editor Southern Medical Record, Atlanta, Ga.

✂ Brief and practical communications are solicited on all subjects pertaining to medicine; also reports of cases in practice.

✂ Send money by check, postal order or registered letter.

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EMULATION.

The legitimate interpretation of this word is a desire for superiority attended with an effort to obtain it by all praiseworthy means, and without any wish to repress, or oppose others.

There is a nice line of distinction between emulation and ambition. When the latter is directed toward the attainment of excellence, then it may become a synonym of the former. But in its true sense ambition is an inordinate desire of power, or eminence, most often accompanied with illegal means to obtain the object.

When Woolsey in the midst of his fallen greatness charges Cromwell to "Fling away ambition," he saw by the dawning light of eternity that he had used a ruinous and unholy thing as a stepping stone to his own aggrandizement, regardless of good or evil to his fellow men, and he then adds the deeply portentous words, "By that sin fell the angels."

Emulation strives not only for its own good and preferment, but also for that of others. It has no petty jealousies and selfish interests, and uses no tricks of policy and malicious measures to prevent all other competitors from reaching their own coveted goal. The trained racer in sweeping around the course feels but one desire, and that is to outstrip all other contestants in the race. But take two fine blooded steeds, harness them to a vehicle and start with them on a journey. How nobly they work together; how beautifully they co-operate; how one strives to help the other, to emulate his fellow in the discharge of his duty, and accomplish the work promptly and successfully.

Emulation lifts a man out of personal and ignoble motives, and lifts others with himself into the same pure, invigorating a sphere. It peoples earth with beings of angelic kinship, and as by ambition the angels fell, so emulation throngs heaven's courts with cherubic and seraphic hosts that make the unceasing melodies of the eternal city.

It is a fallacy to suppose that the richest treasures of earth can be had only in exchange for gold, earth's pearls of price, paradoxical as it may seem, are to be had "without money and without price." All men, even the humblest, may emulate his competitors in winning those jewels that gold cannot buy, and that are stored where thieves

do not break through and steal. Every man can become a blessing to himself and his race, can be pure and good in his motives; noble, unselfish, generous and honorable in his actions; in a word, can be a peer amid the grandeur of human character, that lustrous pole star of mortal aspirations. But men sometimes say, we have no wealth, no position; we cannot influence others, or benefit them by our limited, individual efforts and resources. This is fallacious logic. True, all men cannot be leaders, comparatively few have the genius and courage to be the chief of a movement, but every subordinate can follow the leader, can strive to emulate his perseverance, his progressive activity, his hopeful spirit, and noble aspirations. The earnest, fruitful follower of a good cause, does as much for the world, and is as worthy of applause, as he who leads. However great and worthy a leader he may be he is a puissant figure of "masterly inactivity," unless he has co-operation from his fellow men. There is no instance on record where the great Napoleon ever conceded to himself or his rare military genius the success of one of his brilliant campaigns. Whenever victory perched upon the eagles of France, his thanks were addressed to the *soldiers* of the empire.

Emulation instead of being enervated by opposition, is energized, enthused, and doubly invigorated. Indeed, the blows that are struck upon it by selfish, jealous, malicious and slanderous antagonists, only serve to give it more *nerve* and forceful power, and swell its watch-word of onward and upward to louder and triumphant song. It is getting to be a popular belief that a man must do something bad before he can "succeed" as the world goes. Yes, as the world goes, ambition is an unholy thing, and to attain its unhallowed ends it must necessarily use unholy means and measures.

But our plea is not for this unclean thing; not for a power that will bring a temporary and ignoble success to the evil aspirant, and then the ultimate overthrow and ruin of himself and others—of both leader and adherents. The legitimate emulation rejoices at the success of all true and worthy men; at the full fruition of every movement or enterprise that is truly for the benefit of individuals, or mankind at large. And as a magnanimous victor never exults over a fallen foe, so the man of true emulation feels a profound sym-

pathy and regret at the defeat of his fellow man who was nobly endeavoring to work out beneficial results for himself and the human race at the same time.

As a watchword *Excelsior* has the stigma of triteness upon it; but so long as man strives to reach after higher things, its sound like the blast of a silver trumpet cannot cease to thrill his heart as he ascends the heights of man's noble aspirations. Higher, still higher; rings like a bugle call from the myriad tongued voices of the age, and emulation stirring within the rising and expanding soul of man, answers back the cry until it reverberates from the rivers to the ends of the earth. The theologian feels it thrilling the immortal principal within him, as he points to a Christianity whose every downward step breaks one link in the golden chain that connects man's soul to blissful eternity. It makes the pure flame of love in the heart of the humanitarian burn still more brightly, till it flashes far up—ever upward, towards its natal home in the skies. Higher, still higher; ories the educator of youthful minds; higher, still higher, is written on the hypotheses of the modern philosopher, and the true scientist feels its voice cheering his labors as he reveals nature's most secret arcana. And higher, still higher, should be the watchword of the physician as he explores every new field of medical science, and adapts the choicest of his gathered treasures to the relief of suffering humanity, and the edification of the ministers of medicine. It is a spirit of high and worthy emulation that must inaugurate a system of advanced excellence and superiority in our schools of education, in both literary and medical institutions.

The present systems, excellent as they may be, are but heralds of future possibilities. Though the practice of medicine is of date immemorial, medical science is only yet in embryo. It is encouraging to know that so many of our conferees are awake to the importance of attaining the highest standard for the profession, and to the conviction that the professors of medicine must emulate a thorough, progressive, philosophical and yet, practical exposition of pathological science, etc. And if professors of medicine have this praiseworthy ambition, they should receive generous commendation and support, instead of discouragement, and the evil misrepresentation that endeavors to make them become the target for arrows from lilliputian marksmen who are compelled to remain on the lower range of the ladder, because they have neither the bright plumes of genius, nor the mighty power of intellect, to lift them above the clouds of ignorance, and they grope and travel on, with no higher aim than that of dispoiling the fame and fortune of the man of true emulation, which they can never achieve. As we have endeavored to show, true emulation has no desire to oppose, or depose others. Its sole object is to reach up after the highest attainable excellence in that department towards which its energies are directed, and because it is man's duty so to emulate superiority, and to imbue others with the same spirit of laudable aspiration.

As the years roll by the path of human pro-

gress becomes more distinct, more marked, and brighter still with the light of true and sublime humanity. May we not hope that the year 1879 will notably illustrate a yet purer and broader promise for the future, and be pregnant with deeds of love, of help to the worthy emulator; of sympathy, peace, and fraternal good will. Angel visitants, no doubt, will hover in mid air over the earth, and rejoice with humanity when a new year dawns in the universal heart of man that shall

Bring in the truth and right.

"Bring in the common love of good."

We again make our grateful acknowledgements to our patrons, and hope they will renew their subscriptions, and continue to aid us by their courtesy, kindness, and practical suggestions. We have uniformly received cordial commendation and encouragement during the past year, and we hope to repay the confidence and support extended us by making the *RECORD* still more worthy of patronage. The next volume will contain additional reading matter, with new and improved features; in a word, we shall endeavor to have the *RECORD* emulate all that is progressive, best, and highest in medical science and medical journalism.

Among the notable events in the past year, none has been more prominent than the yellow fever scourge that has desolated some of the fairest portions of our country; and to our bretheren who attacked the monster in its stronghold, is due the thanks and eulogistic memorials of the profession. We sincerely congratulate those who escaped the danger, and for them who fell a willing sacrifice, we write this noblest of all epitaphs, "No man hath greater love than this, that he lay down his life for another." The names of both these living and dead heroes will be *memoria in eterna* in the hearts of their grateful countrymen.

To our patrons and readers we cordially extend the compliments of the season. May the new year bring to them a "surcease of sorrows" and the boon of earth's best and truest joys!

T. S. P.

A NEW MEDICAL COLLEGE IN ATLANTA.

An application for a charter for a new Medical College in Atlanta has been made, and in a few days will be legally secured. We are authorized to state that prominent medical men in different sections of the South are moving in this matter, and that a Central Institution of a high order is contemplated.

A Board of Trustees have been appointed, consisting of the following gentlemen, to-wit:

Hon. D. W. Lewis,	Hon. Alex. H. Stephens,
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OUR JOURNAL FOR 1879.

An improvement in form and some addition to reading matter will be made in our next volume, commencing with our January issue. Our motto is onward and upward. We have perfected arrangements for printing which will insure a more successful and punctual publication of the journal than heretofore. These improvements will add considerably to our expenses, and we shall therefore expect our readers to show their appreciation of our efforts by promptly settling up dues unpaid, and by renewing their subscriptions.

We take for granted that every one of our present subscribers will renew his subscription, and unless notified not to do so before the mailing of our next number (January 20th), we shall enter their names upon the list for 1879. Let our friends stick to us, and **THE RECORD**, so useful and practical in the past, will be made more so in the future.

R. C. WORD,
Managing Editor.

PHARMACEUTICAL ASSOCIATION.

The Pharmaceutical Association which assembled in this city on the 26th ult., was well attended by an intelligent body of Pharmacutists. Our space does not admit of more than a glance at the interesting proceedings. Their cordial reception and the elegant repast given them through the efforts of the Pharmacists and Druggists of the city, seemed to be duly appreciated, eliciting warm and appropriate resolutions of thanks, &c. The discussions upon various queries pertaining to the preparation of drugs and the properties and qualities of indigenous plants, &c., were both interesting and instructive. In these discussions our friend Mr. J. U. Lloyd, of the firm of Merrell, Thorpe & Lloyd, of Cincinnati, disclosed much ready information and thorough knowledge upon all matters pertaining to Pharmacy, in which he, and the house with which he is connected, has acquired a deservedly high reputation. His exhibit of chemicals were beautiful, evincing neatness, care and special attention to the strength and purity of preparations.

We were struck also with the exhibit made by the following houses:

WM. R. WARNER & Co., in all respects—especially in the line of sugar-coated pills.

McKesson & Robbins, for the same, especially in the line of *Fluid Extracts* and gelatine coated pills.

Messrs. POWERS & WRIGHTMAN, a very large and elegant display.

PARK DAVIS & Co., the large and enterprising firm of Cincinnati, made also a very fine exhibit.

JAS. G. STEELE & Co., of San Francisco, Cal.; their exhibit attracted much attention, especially in the line of western indigenous plants.

H. R. MESSING's Filtering Apparatus made a favorable impression.

HANCOBROS. & WHITE, Philadelphia, were on hand with a fine display.

JOHN WYNTH & Bro., Philadelphia, were also represented, making a beautiful and varied exhibit of chemicals.

ROSENGARTEN & SONS, Manufacturing Chemists, Philadelphia.—An interesting advertisement from this excellent house commences in the present issue of our journal. Their display was truly excellent, particularly of the Cinchona alkaloids and the salts of morphia.

HENRY THAYER & Co., Cambridgeport, Mass., who also have an advertisement in present number of our journal, were represented. We were much pleased with their exhibit. Their Resinoids and Fluid Extracts, sugar coated pills, &c., are of a superior manufacture. They present a large list of new remedies. An old, well established and reliable house.

The Botanical display of our fellow citizen, Dr. Grant, speaks well for his information and energy in the department of Botany.

Upon the whole we were both interested and delighted with these exhibits as furnishing satisfactory evidence of a growing interest and rapid progression in the department of Pharmacy in our country.

DR. LUKE P. BLACKBURN, of Ky., who will be remembered for his philanthropic efforts in behalf of the Yellow Fever Sufferers, has been announced as a candidate for Governor of Kentucky, and, it is believed, will be elected.

RECEIPTED '78 and '79.—L. D. Johnson; to Oct. '79, J. A. Davidson and Geo. S. DeWolf; '78, T. L. Darby, J. W. Herring, W. Rogers, A. B. Loving, J. R. Harrison, E. C. Ellis, A. F. Durham, G. W. Tribble, W. G. Campbell, G. A. Thompson, G. W. Earle. To July, '79, G. L. Glasener, W. R. Jones, J. F. Dorroh, R. J. Gilleland; W. J. Gilleland, '79, W. J. Gilbert, W. J. Rogers, '79; W. C. Robinson, '79.

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